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Prenatal cystic adenomatoid malformation of the lung: clinical disappearance or resolution?

Prenatal diagnosis made by ultrasonography allow an early evaluation of Congenital cystic adenomatoid malformation (CAM) of the lungs.
From Jannuary 1986 to December 1994, were observed 11 fetuses in wich the diagnosis of CAM was suspected. Abnormal images were identified at routine scans in all cases, between 20 and 36 weeks (range 26.5 weeks). The abnormal image was left sided in 6 cases (54.5%) and right sided in 5 cases (45.5%). The lesion was microcystic or solid in 7 cases (63.6%), macrocystic in 4 cases (36.4%). None of the fetuses had associated malformation nor hydrop or intrauterine deth. The alternative diagnosis was: congenital diaphragmatic hernia in 5 cases (45.4%), pulmonary sequestration in 3 cases (27.2%), in one case timic iperplasia and in the other a lobar enphisema. None of the cases the pregnancy was electively or spontaneously terminated. In 4 cases a caesarean section was performed not due to CAM.
CAM was confirmed in 4 cases (36%), modified to congenital diaphragmatic hernia in 2 cases (18%) postnatally.
In 4 cases (36%) the abnormal image disappeared either antenatally or postnatally. The lack of the lesion was confirmed by radiological examination (chest X-ray). An occasional diagnosis of CAM or pulmonary sequestration was made in one of these cases during an angiocardiography two months after birth.
Our experience seem to conclude that the pre/postnatal disapearance of the lesion should be more carefully detected even if chest x-ray is negative.