

*Editorial***In the thoracic and abdominal cavities, pulmonary sequestrations****Theclar Iyidobi***

Department of Infectious Diseases , Epidemiology and Dermatovenereology , St. Petersburg State, Russia.

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EDITORIAL NOTE

Extralobar pulmonary sequestration is usually found in the left thoracic cavity and is frequently detected in babies or prenatally. We had a rare instance with several extralobar pulmonary sequestrations in the thoracic and abdominal cavities, which was discovered by chance during a cancer screening in a 60-year-old woman. The patient had thoracoscopic and laparoscopic surgery at the same time, with extralobar sequestration verified histologically in each lesion. Because of the uncommon numerous location and an undetectable aberrant artery on imaging exams, preoperative diagnosis was difficult. The worm *Dioctophyme renale*, which ordinarily parasitizes the right kidney of dogs, causes dioctophymosis. In parasitized animals, the absence of symptoms is common. Surgical treatments are frequently used to treat this condition. A canine with renal and ectopic parasitosis in the abdomen and thoracic regions is the subject of this study. An ultrasound revealed the presence of *D. renale* in the right kidney, as well as the abdominal and thoracic cavities, in a four-month-old mixed-breed female dog. With a single abdominal surgical cut and great postoperative recovery, the animal underwent exploratory celiotomy, nephrectomy of the parasitized kidney, and transdiaphragmatic thoracotomy to remove the thoracic parasite. Although there are few examples of ectopic parasitosis, the thoracic finding is exceptional,

and a curative therapeutic transdiaphragmatic thoracotomy for dioctophymosis in dogs has never been documented. The first confirmed instance of dioctophymosis in a domestic cat is reported in this paper. Because of the parasite's unusual position in the abdominal cavity, the domestic cat is unlikely to be a viable host. Clinical signs suggested a case of peritonitis. The cat's health was critical, and it died within days. During necropsy, a male adult *D. renale* was recognised as a brownish-red nematode measuring 24.9 cm long located in the abdomen cavity. A single layer of mesothelial cells lies on a basement membrane close to a small layer of delicate fibrous connective tissue in the peritoneum. The peritoneum isolates the abdominal organs from the contents of the retroperitoneal space by lining the abdominal cavity, reflecting to cover the abdominal organs and mesentery, and lining the abdominal cavity. Changes in the peritoneum, retroperitoneum, or mesentery may be suggestive of or subsequent to changes in the organs they line, however they are rarely the primary site of toxicity. The patient was followed up on on a regular basis. Two years later, a probable recurring liver metastatic lesion was discovered, and the liver tumour was radiofrequency abated before being treated with oral imatinib. Three years after radiofrequency ablation, no tumour recurrence was found. When a significant heterogeneous mass is seen in the abdominal cavity, extragastrointestinal stromal tumours should be investigated in the differential diagnosis. This study describes the characteristics of extragastrointestinal stromal tumours and reviews the literature.

*Corresponding author. Theclar Iyidobi, E-mail: trezngbo@yahoo.com.