A 28-year-old patient was diagnosed by CT scan with intralobar pulmonary sequestration in the left lower lobe associated with cystic images, one of which was probably infected (Fig. 1).

Lung auscultation was normal; no lymphadenopathies were palpated. Respiratory function tests showed: FVC 5.28 L (97%), FEV1 4.14 L (95%), and IT 98%.

Surgical resection was performed with video-assisted thoracic surgery (VATS). The left lower lobe was pathologic in appearance; we identified and resected an artery originating at the thoracic aorta that fed the posterior inferior segment (Fig. 2). Lower lobectomy was completed with no intra- or postoperative complications.