

Pulmonary artery sling and azygos lobe in an asymptomatic 11-year-old boy

On bir yaşında semptomsuz erkek çocukta pulmoner arter sling ve azigos lobu

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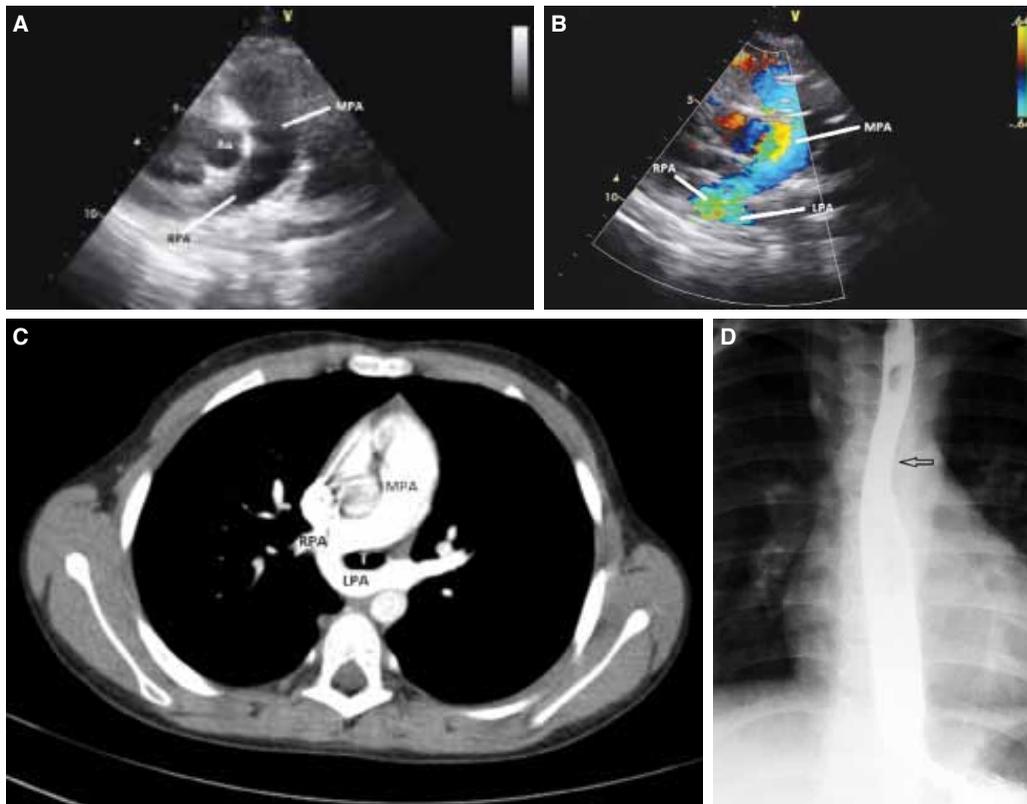
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A 11-year-old boy was referred to our unit for the evaluation of a murmur. His past medical history was unremarkable. A soft systolic murmur was heard at the left lower sternal border. Electrocardiography was normal. Chest radiography was normal. Left pulmonary artery (PA) was absent from its usual location, and we did not see main and pulmonary arteries in their regular orientations in parasternal short axis view of transthoracic two-dimensional and color Doppler echocardiography (Fig. A and B). Computerized tomography angiography revealed anomalous origin of left PA from right PA, which was consistent with a diagnosis of PA sling and normal variant of azygos lobe and fissure in the right lung. There was no external compression to the right or left main bronchus as left pulmonary artery courses retrotracheally to left pulmonary hilum (Fig. C). Ventilation perfusion scintigraphy and pulmonary function tests were normal. Barium esophagogram was performed, which demonstrated indentation in the left anterolateral part of esophagus (Fig. D). Since our patient had no history of cough, recurrent wheezing/bronchitis attacks, vomiting and dysphagia, we decided to follow-up clinically.



Figures– (A, B) Transthoracic two-dimensional and color Doppler echocardiography in parasternal short axis view showing location of the LPA is not normal. **(C)** Axial contrast enhanced chest tomography reveals anomalous origin of LPA from the posterior aspect of RPA. LPA is curving behind trachea as it courses to left pulmonary hilum. **(D)** Barium esophagogram is demonstrating indentation of esophagus by the surround LPA (Arrow) (LPA: Left pulmonary artery, MPA: Main pulmonary artery, RPA: Right pulmonary artery, T: Trachea, Ao: Aorta).

