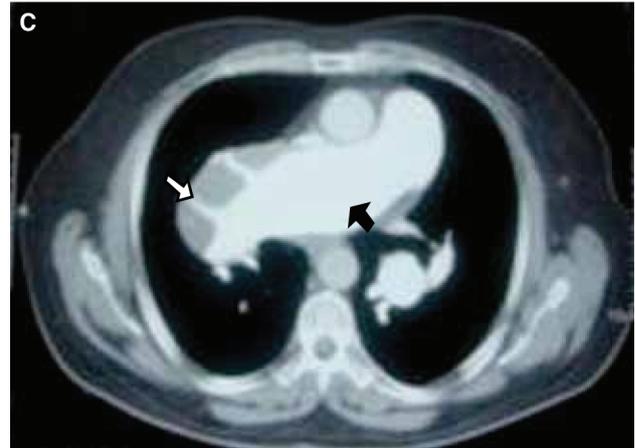
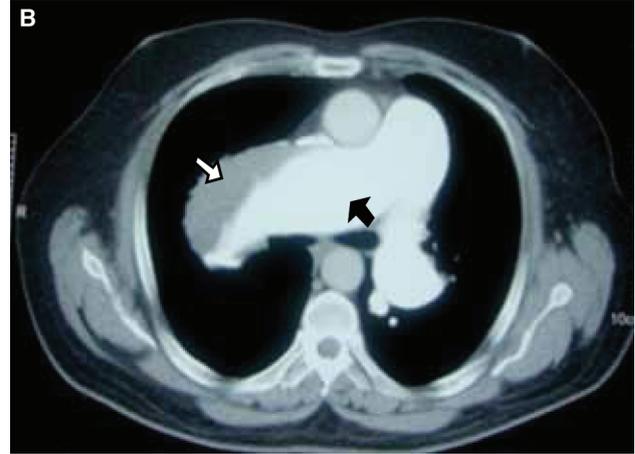
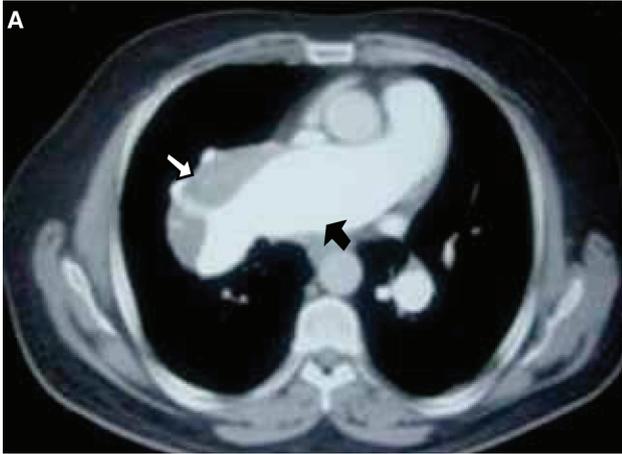


Pulmonary artery dissection due to idiopathic pulmonary artery aneurysm: computed tomography findings

İdiyopatik pulmoner arter anevrizması zemininde gelişen pulmoner arter diseksiyonu: Bilgisayarlı tomografi bulguları



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A 50-year-old male patient admitted to our hospital due to dyspnea, sweating, and vomiting. Physical examination revealed a blood pressure of 170/95 mmHg and heart rate of 115 beats/min which was in sinus rhythm. Auscultation also indicated increased second heart sound. Respiratory examination showed rhonchus in both

basal segments of the lungs. Chest x-ray showed also cardiomegaly and significant dilatation of the right pulmonary artery. A serum D-dimer level of 1810 ng/dL (range: 0-350 ng/dL) was found in the blood analysis which was performed in the emergency unit. With these findings, pulmonary embolism was suspected initially. However, the patient was sent to the Cardiovascular Surgery Unit for comprehensive evaluation when the contrast computed tomography showed an aneurysmatic dilatation of 5.8 cm and resulting chronic pulmonary artery dissection (Figures A-C). Patient evaluation showed no need for surgery and the patient was given medical treatment and follow-up in the Cardiovascular Surgery Clinic at a regular basis.

We also did not detect a comorbid congenital heart disease. The patient to whom the medical treatment was given was sent to the Rheumatology Clinic to investigate connective tissue disease. The evaluation showed that Behcet's disease, Hughes-Stovin syndrome, Marfan syndrome and other connective tissue diseases were absent. Evaluation for infectious diseases also eliminated the conditions which were likely to result in pulmonary artery dissection such as syphilis, bacterial endocarditis and tuberculosis. The patient who had no history of trauma was considered to have pulmonary artery dissection due to idiopathic pulmonary artery aneurysm.

Figures. (A-C) Contrast computed tomography showing an aneurysmatic dilatation of 5.8 cm in the right main pulmonary artery (black arrows) and resulting chronic pulmonary artery dissection (thrombotic closure of false lumen, white arrows).