Clinical Info/Reason for exam

- 76 years female brought to ER with left lower quadrant pain and nausea and vomiting for four days.
- PMH- HTN,
  - ex-smoker
Diagnosis

Pulmonary Artery Aneurysm
Pulmonary artery aneurysm

- very rare, 1 in 14000 in autopsies.
- Aneurysm is defined when pulmonary artery dilatation > 4 cm
- Etiology- > 50% - Congenital cardiac anomalies, most frequently absent pulmonary valve syndromes or patent ductus arteriosus with atrial or ventricular septal defects which are associated with pulmonary hypertension
  - Infections (bacterial or mycotic endocarditis, syphilis, tuberculosis)
  - Arteriosclerosis, degenerative changes of the elastic media, cystic medial necrosis.
  - Vasculitis,
  - Hypertension,
  - Trauma and
  - Arteriovenous fistula.
Pulmonary artery aneurysm

• Symptoms- asymptomatic or nonspecific (dyspnea on exertion, fever or cough) and are referred with the suspicion of a vascular dilatation seen on CRX. However, sometimes hemoptysis can also be a catastrophic presenting symptom which may lead to death.

• Pulmonary artery aneurysms are located most frequently in the right lower lobar arteries followed by the right and left main pulmonary arteries.

• Complications- dissection, embolism, rupture, compression of the surrounding tissues.
Management

• There are no clear guidelines regarding surgical indication for its treatment. Conservative treatment is still advocated when there is no left to right shunt or significant pulmonary arterial hypertension or for idiopathic cases. Patients symptomatic from dyspnea, chest pain, hemoptysis need surgical intervention because such findings may be indicators of impending rupture.


