Anomalous pulmonary venous drainage: chest radiography and cardiac imaging

INTRODUCTION

Scientian syndrome (or pulmonary veno-lobar syndrome) is a rare congenital cardiac condition characterised by abnormal pulmonary venous return from the right lung directly into the interior vena cava. It can be associated with hypoplastic right lung, pulmonary artery hypoplasia and destrocardia, among others.^{1,2} There are complete and incomplete variations. In the complete form, classically, the right lung is hypoplastic and is supplied by a systemic arterial branch from the aorta with hypoplasia of the right pulmonary artery, resulting in an abnormal right heart border on imaging.

Most cases are diagnosed incidentally and are asymptomatic. Surgical treatment is indicated if there is a large left to right shart (>50%) leading to pulmonary hypertension. Other indications also include lung sequestration, recurrent right-sided chost infections, or recurrent haemoptysis sometimes secondary to systemic arterial pressure supplying the vessels of the lung.¹⁻⁴

We present a case of incomplete form of Scimitar syndrome picked up by review of chest radiography and include images from other complementary cardiac imaging modalities.

CASE PRESENTATION

A 22-year-old woman, previously well, presented to our general recilical unit with a cough and was investigated for a suspected chest infection. On admission, a chest radiograph was performed. This, somewhat surprisingly demonstrated radiographic features consistent with either a right-sided pleural effusion or volume loss (figure 1A, thick arrow).

To investigate further, contrast CT of the chest was performed. No pulmonary thromboumbilism was demonstrated during the arterial phase of the study, however, a clear abnormality was seen in the ventous phase. The presence of a rightsided anomalous (Scientar) vein draining into the intrahepatic inferior vena care (IVC) (figure 1B, arrow) was clearly visible, but no polimonary sequestration was seen. In retriepect, this anomaly could be noted in the chest radiograph as well (figure 1A, thin arrow). The CT confirmed that there was demonstrable left-sided pulmonary venous drainage, but total absence of any direct right-sided pulmonary venous drainage into the left arrane (figure 1C, arrow).

We undertook transfloracic and transcesophageal echocardiography to exclude associated cardiac anomalies and to reconfirm the absence of any direct right-sided pulmonary venous drainage into the left atrium. A right pulmonary vein (RIV) was draining into the intrahepatic portion of the IVC (figure 1D) was seen, and no right-sided pulmonary venous drainage into the left atrium was seen.

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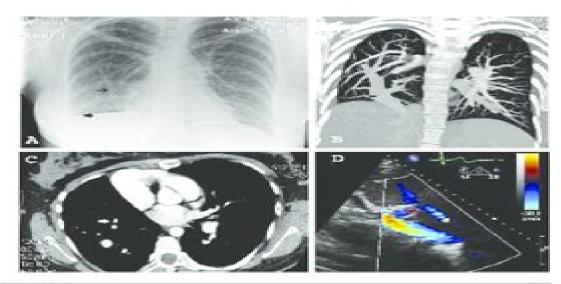
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Figure 1 Multi-modality sudlographic (chest sadiography VI), computed tomography of chest with contrast (8, CB and trans-thoracic echocalitiographic (D. sub-tostal view) images illustrating portial anomalous pulmonary venous drainage. This figure is only reproduced in colour in the orisine vestion.



Pulmonary And Cardiac Imaging

Adelina Doltra, Sabina Gallina, Claudia Prieto, Anna Vittoria Mattioli

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Comparative Cardiac Imaging Jing Ping Sun, Xing Sheng Yang, Bryan P. Yan, 2018-02-20 Provides the information necessary to guide clinicians to more efficient and appropriate use of the cardiac imaging modalities at their disposal Most books currently available on cardiac imaging focus on just modality As the number of imaging options has increased the choice of procedure has become more complicated This comprehensive book will guide the practitioner in choosing the most appropriate test when confronted by various cardiac symptoms and diseases and to understand the benefits and limitations of each imaging modality It demonstrates the advantages and disadvantages of various imaging modalities such as echocardiography computer tomography MRI and nuclear cardiology in the evaluation of various disease states both commonly and infrequently seen in a standard practice Comparative Cardiac Imaging A Case based Guide utilizes actual case examples to demonstrate the state of the art in comparative cardiac imaging It offers in depth chapter coverage of Aortic Diseases Aortic Valvular Diseases Mitral Valvular Diseases Prosthetic Valves Coronary Artery Disease Pulmonary Artery Diseases Congenital Heart Disease Cardiac Tumor Infective Disease Cardiomypathy and Cardiac Trauma Uniquely focuses on and compares the many different modalities for cardiac imaging Breaks the topic down by anatomy and pathophysiology in order to cover all aspects of non invasive cardiac imaging Covers newer and lesser known modalities like speckle tracking and velocity vector imaging Offers coverage of more controversial topics such as CT angiography Comparative Cardiac Imaging A Case based Guide presents a level of data that is appropriate for the practicing cardiologist and cardiology trainee as well as residents internists and other primary care clinicians Diagnostic Radiology: Chest and Cardiovascular Imaging Anju Garg, 2018-03-31 This new edition is a complete guide to diagnostic imaging of the chest and cardiovascular system Beginning with an overview of chest radiology techniques and anatomy the following sections discuss imaging for different

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BrainGastrointestinalCardiacBreastUrogenitalVascularSpinalHead and NeckMusculoskeletalPediatricThoracicDx Direct gets to the point Definitions Epidemiology Etiology and Imaging Signs Typical Presentation Treatment Options Course and Prognosis Differential Diagnosis Tips and Pitfalls and key References all combined with high quality diagnostic images Advances in Cardiac Imaging and Heart Failure Management Matteo Cameli, Giovanni Benfari, Giulia Elena

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