ISSN: 2474-3682

Takizawa et al. Clin Med Img Lib 2018, 4:107
DOI: 10.23937/2474-3682/1510107
Volume 4 | Issue 5
Open Access

Clinical Medical Image Library

IMAGE ARTICLE

Long-Term Outcome of Oncologic Right Pulmonary Artery Occlusion

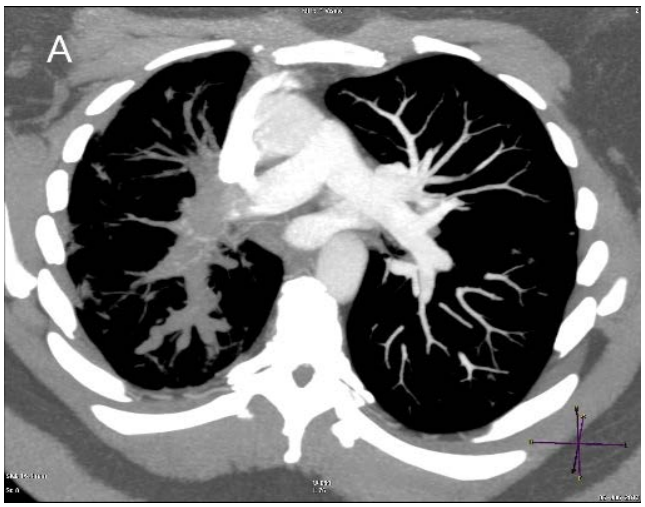
Daniel B Takizawa[1], Alexandre Kawasaki[1,2] and Caio J Fernandes[1,2*]

[1]*Department of Cardio-pulmonology, Heart Institute, University of São Paulo, Brazil*

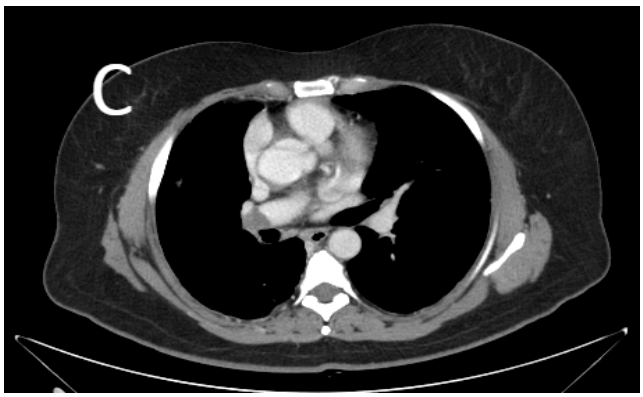
[2]*Cancer Institute, University of Sao Paulo, Brazil*

***Corresponding author:** *Caio J Fernandes, MD, PhD, Cancer Institute, University of Sao Paulo, Av Dr Eneas de Carvalho Aguiar, 44, São Paulo, SP, Brazil, Tel: +5511-2661-5034*

A 53-year-old female presented chronic dry cough and mild dyspnea, for 6 months. Due to an erroneous interpretation of CT findings (Figure 1A), she was diagnosed as pulmonary embolism, but without improvement with 6 months of anticoagulation. Evaluated at our service with progressive dyspnea, CTPA demonstrated complete occlusion of the right pulmonary artery (Figure 1A and Figure 1B). At echo, initial systolic



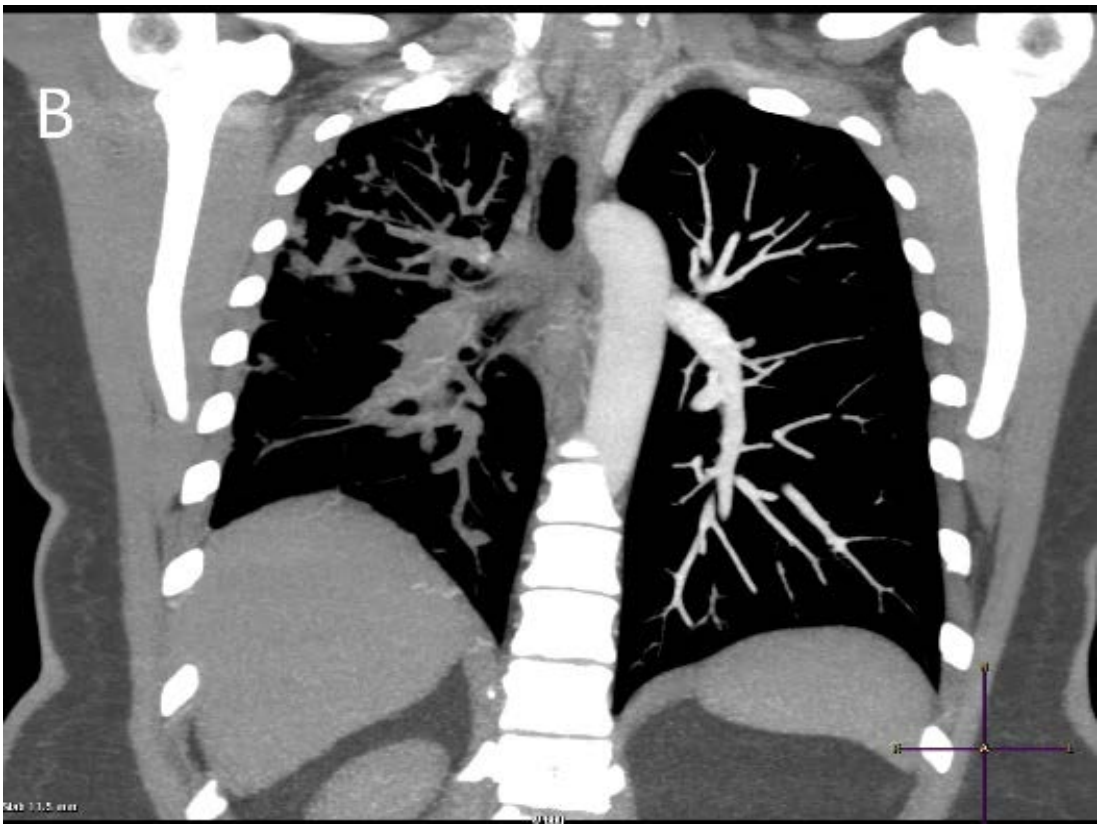
A



B

Citation: Takizawa DB, Kawasaki A, Fernandes CJ (2018) Long-Term Outcome of Oncologic Right Pulmonary Artery Occlusion. Clin Med Img Lib 4:107. doi.org/10.23937/2474-3682/1510107

Accepted: September 01, 2018; **Published:** September 03, 2018



C

D


Anterior - Perfusao

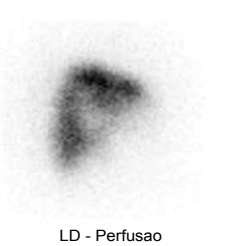

Posterior - Perfusao


OAD - Perfusao


OPE - Perfusao


OAE - Perfusao


OPD - Perfusao


LD - Perfusao

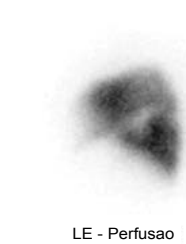

LE - Perfusao

Figure 1: Oncologic Right Pulmonary Artery Occlusion.

pulmonary artery pressure 30 mmHg, not suggestive of pulmonary hypertension. A biopsy of the right pulmonary artery demonstrated the presence of choriocarcinoma. Chemotherapy was initiated with bleomycin, etoposide, cisplatin and, finally, dactinomycin. After treatment, patient remained asymptomatic, beta-HCG decreased from 198.374 mUI/ml to 1.8 mUI/ml. After a 5-year follow-up, neither return of the disease (Figure 1C), nor signs of pulmonary hypertension were characterized (normal echo and BNP), despite the vascular perfusion defect of the right lung on V/Q scan (Figure 1D). Pulmonary hypertension occurs when more than 60% of the lung vascular bed is impaired [1]. In this case, despite the sequel on right pulmonary artery at long-term, micro-vasculature is preserved. Therefore, right pulmonary artery occlusion is not enough, *per se,* to induce pulmonary hypertension. Up to this date, the patient is fine without specific pulmonary hypertension therapy and remains at clinical follow-up.

Author's Contribution

All authors equally contributed to data acquisition, patient follow-up and manuscript writing.

No grants were used for this study.

References

1. Ergemayer P, Peacock AJ (2000) Is pulmonary embolism a common cause of chronic pulmonary hypertension? Limitations of the embolic hypothesis. Eur Respir J 15: 440-448.