



IMAGES IN INTENSIVE MEDICINE

Child with leukemia and symptomatic pulmonary pseudoaneurysm subjected to catheterization



Niño con leucemia y pseudoaneurisma pulmonar sintomático tratado por cateterismo

R.E. Ríos-Méndez*, M.L. Freire-Astudillo, M.E. Aráuz-Martínez

Hospital Pediátrico Baca Ortiz, Quito, Ecuador

Available online 7 June 2017

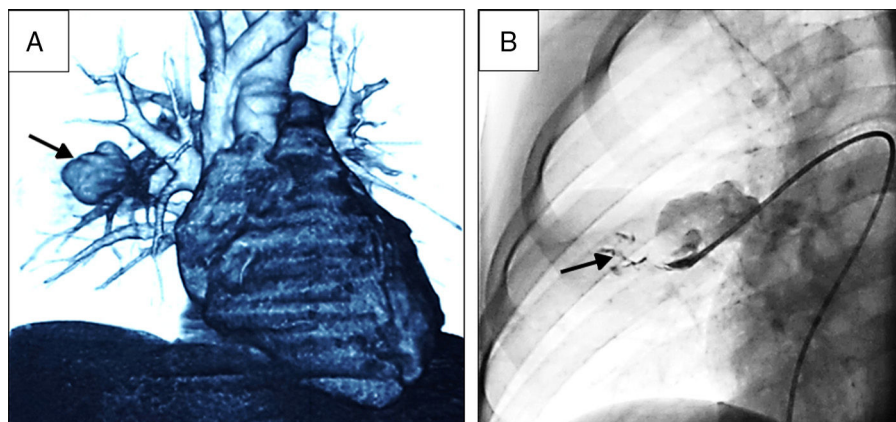


Figure 1 (A) Initial CT scan. 3D reconstruction showing the pulmonary artery pseudoaneurysm (arrow) in the right interlobar artery of 25 × 22 mm with short neck and ostium of 7.8 mm in diameter. (B) Initial Angiography. Extravasation of contrast of the eroded pulmonary artery pseudoaneurysm to pulmonary parenchyma (arrow).

A 12 year-old patient with non-suffocating hemoptysis, with a history of acute lymphoblastic leukemia receiving chemotherapy and pneumonia a month earlier. Pulmonary CT showed a pulmonary artery pseudoaneurysm (PAP) (Fig. 1A). By femoral venous approach, we performed several angiographic projections (Fig. 1B) and implanted in the neck of the PAP an occluder device of ductus arteriosus, Amplatzer Duct Occluder™ (St. Jude Medical) 10 × 8, leaving initial minimal residual flow (Fig. 2A). At the sixth month the CT scan showed total occlusion of the PAP and permeability of the compromised pulmonary vessel (Fig. 2B). Hospital discharge: 48 h. Follow-up: 18 months. The percutaneous treatment of PAP is safe and effective, and may prevent surgery that may require lobectomy.

* Corresponding author.
E-mail address: riosmendez@intramed.net.ar (R.E. Ríos-Méndez).

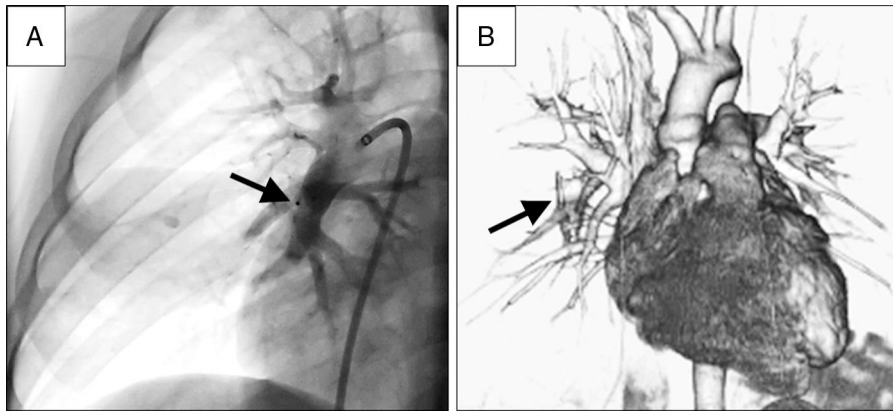


Figure 2 (A) Post-procedure angiography. Look at the permeability of the pulmonary vessels distal to the device (arrow). (B) Control CT scan (6th month). 3D reconstruction showing occlusion of pulmonary artery pseudoaneurysm (arrow).