Case	(358) Pulmonary artery dissection: a vascular complication few times not lethal.
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CASE PRESENTATION

A 90 year old female with history of chronic pulmonary hypertension (PH) was referred to our institution because of a dyspnea and asthenia of 2-months duration.

Contrastenhanced CT pulmonary angiogram showed that the pulmonary artery was enlarged at the level of the trunk, reaching a maximum diameter of 40 mm and the right pulmonary artery (RPA) branches measured 34mm. A dissection flap was noted from the anterior aspect of the right PA to the right lower lobar artery.

There was no pericardial effusion or hematoma, or any other sign of ruptured. Finally the patient was treated successfully with conservative treatment. Neimatallah MA, Hassan W, Moursi M, Al Kadhi Y. CT findings of pulmonary artery dissection. Br J Radiol 2007;80: e61-3.

DISCUSSION

Pulmonary artery dissection is a very serious complication of chronic pulmonary arterial hypertension. Usually it occurs at the site of maximum dilatation of the artery.

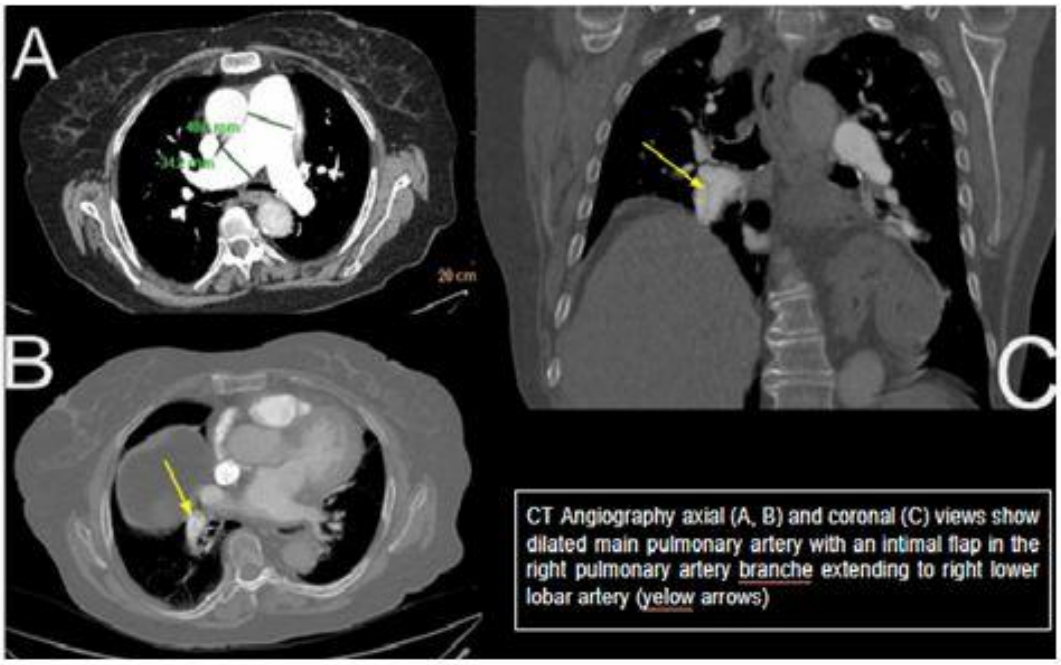
It is rare and its diagnosis is mainly performed at autopsy, since many of these patients experience sudden death when the main pulmonary artery is dissected in the pericardium producing acute cardiac tamponade.

Echocardiography is used more often as a first test because of its accessibility and low cost. This test can detect the dissection and/or a complication as well.

Pulmonary arteriography, CT angiography, and magnetic resonance imaging can detect an intimal flap and a false lumen within the pulmonary arterial tree the extent of the lesion and the presence of associated abnormal findings like pericardial tamponade. Computed tomography can also measure the diameter of the pulmonary artery and can exclude the presence of pulmonary embolism.

CONCLUSION

Pulmonary artery dissection is a rare entity, almost always lethal, that we must take into account especially in patients with chronic arterial hypertension who come to the emergency with long-standing dyspnea.



BIBLIOGRAPHY