

Case	(529) Mediastinitis and pseudoaneurysm pulmonary vein
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## CASE PRESENTATION

62-year-old woman with a history of esophageal carcinoma treated with chemotherapy, radiotherapy and esophagectomy type IVOR-LEWIS. It develops post-operative tracheoesophageal fistula with prosthesis placement, and later pleuroesophageal fistula.

She attended the emergency department for persistent cough, fever and purulent secretion through a hole in the chest wall (previous thoracic tube), which is complicated by hemoptysis that threatens hemodynamic instability, and multimodal CT scans are requested. Findings: Right pleural effusion and inflammatory changes in mediastinum, identifying aneurysmal lesions in the middle slope of the right inferior lobar vein adjacent to the far end of the esophageal prosthesis, which increases discreetly in size in the portal phase.

The patient underwent urgent intervention, performing lower-right lobectomy and confirming the radiological findings.

## DISCUSSION

Thoracic venous pseudoaneurysms are an extremely rare entity that usually occurs in traumatic environments. In our case, the patient suffered from a mediastinal infectious process and was wearing an esophageal prosthesis that conditioned the development of the vascular lesion.

## CONCLUSION

This rare entity should be suspected in patients with chest pain, hemoptysis and dyspnea in adverse environments other than trauma, such as prosthetic devices and severe infections.



A. Axial cut in the arterial phase in which a diverticular image dependent on the right inferior lobar vein is visualized in close relationship with esophageal prosthesis.  
B. Axial cut in portal phase.  
C. Coronal MIP reconstruction

## BIBLIOGRAPHY

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