MDCT findings of Scimitar syndrome in an elderly patient

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INTRODUCTION

A 68-year-old woman was referred to our radiology department from chest diseases clinic with suspicion of sarcoidosis. She complained subfebrile fever and cough of a few months duration without laboratory and radiologic findings of infection. On detailed questioning, there was no history of any hemoptysis, expectoration, chest pain and extrapulmonary symptoms.

Chest X-ray showed a dilated abnormal pulmonary vascular structure (arrowheads) in right middle and lower zone (Figure 1). There was also seen irregularity of the medial right hemidiaphragm (short arrows). Axial image of contrast enhanced thorax multi detector computed tomography (MDCT) showed dilated right superior pulmonary vein (RSPV) (Figure 2, asterisk). The middle pulmonary vein also drained into RSPV (short arrows). Coronal reformatted MDCT images revealed mild right lung hypoplasia, elevation of right hemidiaphragm.
Scimitar syndrome is an uncommon vascular pathology of lung characterized by partial anomalous right pulmonary venous connection of the right pulmonary veins (1). The dilated right pulmonary vein called also “Scimitar” and usually drained to the infra-diaphragmatic VCI or hepatic veins. Scimitar syndrome has two varieties; the infantile form presents heart failure with other associated cardiac anomalies in first life of life. The adult form is usually asymptomatic and not associated with other cardiac disorders (2). The major clinic findings are hemoptysis and pulmonary arterial hypertension. Additionally, right lung hypoplasia, dextrocardia and anomalous systemic arterial supply from aorta to the right lung may be isolated.

CONFLICT of INTEREST
None declared.

REFERENCES