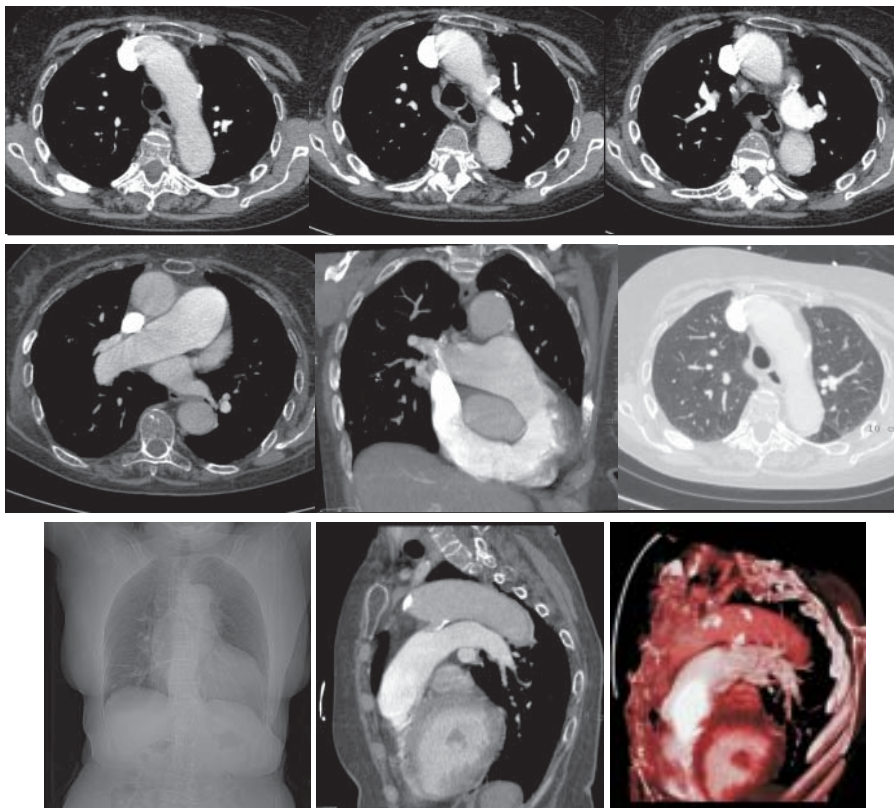


Radiological Diagnosis

Diagnosis of the case presented in the previous edition

J Bras Pneumol 2006;32(3):274

PULMONARY HYPERTENSION SECONDARY TO PATENT DUCTUS ARTERIOSUS



A 73-year-old female patient with a history of metastatic colon cancer presented with dyspnea upon exertion, which had been gradually but progressively worsening for two years. Chest X-rays and computed tomography scans were obtained in order to perform a postoperative evaluation of the removal of the metastasis.

COMMENTS

The tomography images of this patient reveal increased caliber of the pulmonary artery, larger than the ascending aorta, a profile that is consistent with pulmonary hypertension. The 3D reconstructions, as well as the axial and coronal images, show a canal with parietal calcifications in the aortopulmonary window, linking the aorta to the left pulmonary artery. Patent ductus arteriosus (PDA) is one of the most common

congenital anomalies in the cardiovascular system and is typically diagnosed in neonates. The PDA produces a shunt, diverting the blood from the left chambers into the pulmonary circulation, and, depending on the size of this shunt, the clinical profile can manifest earlier and with greater severity. This condition is more common among females (2:1). Currently, most cases of PDA are diagnosed early through an echocardiogram, although some patients with small shunts may occasionally present pulmonary hypertension only

in adulthood. This can be an accidental finding obtained through various methods. Although tomography or resonance undoubtedly shows the anatomy of this shunt, the echocardiogram is the diagnostic method of choice, and most cases are treated with endovascular occlusion.

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READERS CORRECTLY DIAGNOSING THE CASE PRESENTED IN THE MAY/JUNE 2006 ISSUE

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