International Journal of
Clinical & Medical Imaging

ISSN : 2376-0249
Volume 2 • Issue 11• 1000386
November, 2015
http://dx.doi.org/10.4172/2376-0249.1000386

Case Blog

Title: An Uncommon Cause of Dyspnea

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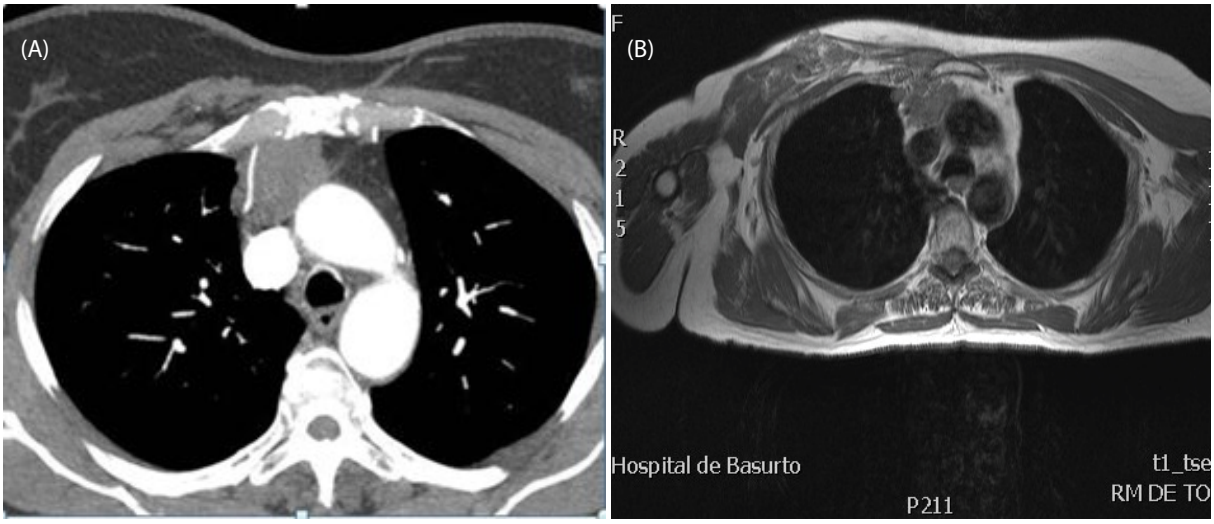

Figure 1a: Axial CT scan showing an anterior mediastinal mass with calcifications, encompassing the internal right mammary artery.
Figure 1b: Thoracic MRI scan confirming the extensión of the mass to the chest wall on the right side consistent with low-flow vascular malformation.

Abstract

We introduce the case of a previously smoker 58-years old lady who presented to us suffering from dyspnea with repeatedly normal cardiac and pulmonary function test. After ruling out typical causes, uncommon differential diagnostic options should be considered.

Keywords: Dyspnea; Mediastinum; Vascular malformation

A 58 year-old woman, previously smoker, presented with a three month story of short of breath. She was sent by his pulmonologist, because of an elevated D-dimer while he was non respondent to standard treatment with oral steroids and inhaled bronchodilators. Except for a pectoral angioma presented 20 years ago, her physical examination was otherwise normal. Lab results, chest X ray, respiratory function test and echocardiogram were unremarkable. An angio CT scan to rule out pulmonary embolism was performed and found a 30 x 40 mm mediastinal mass (Figure 1a). A thoracic MRI confirmed the extension of the mass to the thoracic wall being compatible with a low-flow venous malformation (Figure 1b). Gathering all the data, we consulted the radiologist and referred the patient to the respiratory clinics in order to assess full resection surgery.

Although vascular malformation have been reported previously in the literature, most of them are asymptomatic and presented out of the mediastinum [1,2]. We highlight here, the concurrence of a rare location and a rare presentation of a venous malformation. This abnormal communications between pulmonary arteries and veins may appear throughout the economy, are usually asymptomatic and because of that, they are not always subsidiary of definitive therapy. As just 25% of them grow slowly (usually at a rate of 0.3 to 2 mm/ear), symptoms like headache, seizures, stroke, massive hemoptysis or a big-sized malformation would give the indication of therapeutic assessment. Embolization, surgical excision or lung transplantation are valídate treatment options [3].

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