Anomalous Pulmonary Vein to the Posterior Segment of the Right Upper Lobe

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A 42-year-old man with a right-sided apical tumor was noted to have an anomalous pulmonary vein (APV) on computed tomography (CT) with intravenous contrast. Reconstructed CT axial (Fig 1A) and coronal images (Fig 1B) demonstrate the APV originating in the posterior segment of the right upper lobe (RUL), traveling posterior to the bronchus intermedius and terminating in the posterior aspect of the left atrium (Fig 1, arrow). Operative view of the posterior hilum demonstrates the course of APV posterior to the bronchus (Fig 2).

The pattern of venous drainage of the lung is fairly uniform and has a low incidence of anatomic aberrancy. An independent right posterior segmental vein to the RUL has been observed in 2% to 6% of CT review series [1,2]. Attention to aberrant pulmonary vascular anatomy in preoperative imaging can reduce operative time and blood loss and can help to select the best approach to achieve a complete and safe resection.

References

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