Tetralogy With Pulmonary Atresia and Leaking Left Pulmonary Artery Aneurysm

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A 28-year-old man presented to the emergency department with chest pain and hoarseness of voice. He was a case of tetralogy of Fallot, pulmonary atresia, confluent pulmonary arteries supplied by patent ductus arteriosus, and aortopulmonary collaterals diagnosed at 10 years of age. Surgery was deferred at that time because of irreversible pulmonary vascular disease. His computed tomography scan (Fig 1A, computed tomography scan showing hyperdense subacute hematoma [arrow head], Fig 1B, computed tomography with contrast showing left pulmonary artery aneurysm and leak [arrow]) revealed a self-contained leaking left pulmonary artery aneurysm with a subacute hematoma. His computed tomography angiogram (Fig 2A, computed tomography angiogram, left anterior oblique view, showing tetralogy of Fallot with pulmonary atresia and left pulmonary artery aneurysm, Fig 2B, right posterior oblique view showing patent ductus arteriosus supplying confluent pulmonary arteries with left pulmonary artery aneurysm and site of the leak [arrow head]) showed tetralogy of Fallot, pulmonary atresia, patent ductus arteriosus, left pulmonary artery aneurysm, and the site of the leak. The patient remained stable without intervention and was discharged later after counseling the family regarding prognosis. Leaking pulmonary artery aneurysm in tetralogy of Fallot is a very rare entity. When associated with major irreversible pulmonary hypertension, it generally results in an intractable anatomic and pathophysiologic condition and literally places the medical and surgical team at a therapeutic dead end (1). This emphasizes the need for a proactive strategy for early diagnosis and treatment of congenital heart disease.

Reference

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