Incidental diagnosis of Scimitar syndrome using 3-D chest computed tomography in a child

Çocuk hastada üç boyutlu bilgisayarlı göğüs tomografisiyle rastlantı olarak tanı konulan Scimitar sendromu

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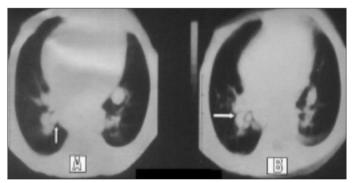
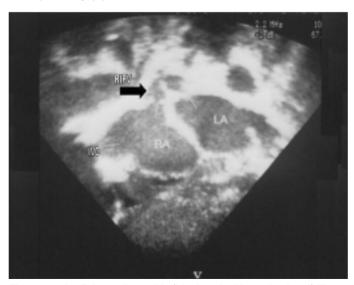


Figure 1. The left (A) and the right panels (B) are demonstrating the CT images of right inferior pulmonary vein draining into the inferior vena cava at the diaphragm level. There is no evidence of right lung hypoplasia CT- computed tomography



A 7-month-old boy was admitted to our hospital due to recurrent upper respiratory tract infections. The patient was given anti-biotic therapy several times in other medical facilities and was accepted to Hacettepe University hospital for the first time for a bronchoscopic intervention. On physical examination right lung respiratory sounds were diminished and the patient was malnourished. On chest X-ray both lung parenchyma were found to be normal with an increased aeration on the anterior portions. Thorax

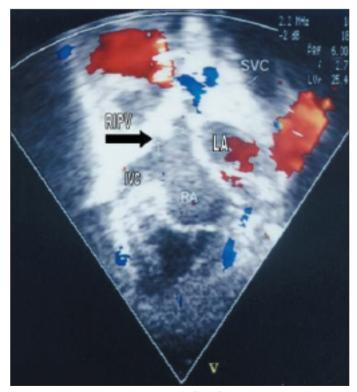


Figure 2 and 3. Echocardiographic (black and white and colored) illustrations show a right inferior pulmonary vein (RIPV) draining into the right atrium. There is no evidence of Scimitar vein draining to the inferior vena cava (IVC). Black arrowhead indicates the right inferior pulmonary vein LA- left atrium, RA- right atrium, SVC- superior vena cava

computed tomography revealed a connection between the inferior vena cava (IVC) and the right inferior pulmonary vein subdiaphragmatically, which was commented as the Scimitar syndrome (Fig. 1 panel A and B). Pulmonary angiography was performed and its findings showed a partial pulmonary venous connection with atrial septal defect. Three pulmonary veins were opening to the right atrium. Pressures of the cardiac chambers were as follows: right ventricle: 39 mmHg; right atrium: 8 mmHg; and pulmonary artery (mean): 8 mmHg. Echocardiography with Doppler also showed the partial abnormal pulmonary venous connection (Fig. 2 and 3). The patient was diagnosed as atrial septal defect (ASD), malnutrition, umbilical herniation and an anomalous of partial pulmonary venous connection. On the operation, it was seen that the right inferior pulmonary vein was crossing the diaphragm and draining into the

inferior vena cava just at the point where IVC was entering the right atrium. After right atriotomy, a baffle was generated to the mouth of the pulmonary vein in IVC and flow was directed towards the left atrium and afterwards the ASD was closed.

As we see in our case in some patients the additional to angiography or echocardiography, which produce 2-dimensional images, technical approaches may be necessary to provide correct diagnosis preoperatively. Radiologists and clinicians should keep in mind "Scimitar syndrome" could be misdiagnosed despite traditional methods, which are accepted as the main tools for the diagnosis of cardiac defects.

The chest computed tomography with 3-D reconstruction might be more helpful in selected cases with Scimitar syndrome for establishment of true diagnosis and the early treatment strategy.

SENİ SEVİLMEZ GİBİSİN

Mavide balıklar yandı ipince, döne döne Büyüyen yalnızlıklarda seni düşündüm, balıklar yandı Sensizliğin buruk sancısındaydım kıskıvrak Yeşili belli korkular, namussuz korkular koştu çoğaldı Duyarak tükenmenin sesi mi bu ne?

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Sana dokunmadan silinivermek doğadan Yok-aman-dur-olmaz, korkunç bu, düşünmesi bile Gidilmez böyle sen her şeyi bırakıp, utanmadan böyle

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Midye kabuklarından bir gelin gibisin, başı örtülü Eline dayanılmaz-gözüne, tek bir tarifsiz gibisin Mutluluğun çağrısı sarınca gecelere dilim dilim Seni sevilmez gibisin

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