

A curvilinear sword

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CASE REPORT

An 18-year-old woman presented with a 3-year history of dyspnoea on exertion. Chest X-ray showed right lung hypoplasia with dextroposition of the heart. A CT scan of the chest revealed anomalous venous drainage of the right pulmonary vein into the inferior vena cava (IVC) (*figure 1A*). Transthoracic echocardiography showed normal sized chambers and normal pulmonary artery pressure with no evidence of an intra-cardiac defect. Two years later, she experienced worsening dyspnoea with significant exercise limitations and recurrent episodes of pneumonia. She could not undergo cardiac MRI due to severe claustrophobia. Subsequently, she had pulmonary angiography, which

revealed a scimitar (curvilinear sword shaped) vein from the right lung draining into the supra-diaphragmatic IVC, consistent with the diagnosis of scimitar syndrome (*figure 1B*). Right cardiac catheterisation demonstrated normal right ventricular (24/2 mmHg) and pulmonary artery (27/10 mmHg) pressures. No intra-cardiac shunt was noticed. She underwent surgical correction and her symptoms improved significantly.

WHAT IS YOUR DIAGNOSIS?

See page 308 for the answer to this photo quiz.

Figure 1. CT scan of the chest (A) and pulmonary angiography (B) showing anomalous venous return and converging branches (short arrows), draining into the IVC (long arrow)

