

## DISCUSSION

Scimitar syndrome, a rare congenital defect, is characterised by partial or complete anomalous pulmonary venous return from the right lung into the systemic venous system. Its presentation varies from asymptomatic state, dyspnoea and recurrent pulmonary infections in adults to severe pulmonary hypertension and heart failure with associated congenital heart defects in infants.<sup>1</sup> The 'scimitar' sign, a term meaning curved eastern sword, is a characteristic radiographic finding of a crescent-like shadow in the right lower lung field, due to the anomalous vein.<sup>2</sup> The diagnostic modalities include

chest X-ray, cardiac echocardiography, CT, MRI and angiography. Presence of congestive heart failure, recurrent pneumonias, pulmonary/systemic blood flow ratio > 1.5 and pulmonary hypertension warrants surgical correction.<sup>1</sup>

## REFERENCES

1. Kamler M, Kerkhoff G, Budde T, Jakob H. Scimitar syndrome in an adult: diagnosis and surgical treatment. *Interact Cardiovasc Thorac Surg.* 2003;2:350-1.
2. Frydrychowicz A, Landgraf B, Wieben O, Francois CJ. Images in Cardiovascular Medicine. Scimitar syndrome: added value by isotropic flow-sensitive four-dimensional magnetic resonance imaging with PC-VIPR (phase-contrast vastly undersampled isotropic projection reconstruction). *Circulation.* 2010;121:e434-6.