


Giant mycotic pulmonary artery aneurysms in a newborn

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We present the case of a 2-month-old male infant who underwent surgical repair of oesophageal atresia on Day 2 after birth, necessitating a long-term central venous catheter for parenteral nutrition. After 2 months, he presented with fever and haemoptysis. Transthoracic echocardiography identified a large, highly mobile mass located in the right ventricular (RV) outflow tract (Panel A, arrow), which was surgically removed and proved to represent Candida lusitaniae endocarditis (Panel B).

As the patient status significantly deteriorated after surgery, a cardiopulmonary computed tomography was performed, revealing the presence of two very large aneurysms in the pulmonary lobar arteries, with a maximum diameter of 4.0 cm for the left pulmonary artery aneurysm (LPAA) and 2.1 cm for the right pulmonary artery aneurysm (RPAA) (Panels C and D), and these dimensions being extremely large for this age. The aetiology of the PAA was the embolization of cardiac vegetations in the pulmonary circulation and subsequent formation of the mycotic aneurysms. Bilateral aneurysm excision was considered too difficult due to their large size and peripheral location; therefore, conservative treatment was applied.

The PAAAs are very rare findings in the paediatric population. Several cases of the large PAA have been reported in the adult population, most often located in the main pulmonary artery and not in the distal branches as in our case. The distal location of such large aneurysms in the pulmonary artery has not been reported so far. The impressive size of the distal aneurysms and the occurrence in a newborn are unique features of this case.

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