A large pulmonary arteriovenous malformation: a classical scenario

Muhammad Shoaib Nabi a,*, Talat Waseema a, Iltafat Sultan b, Nauman Tarifa

a Division of Thoracic Surgery, Department of Pulmonology and Thoracic Surgery, Services Institute of Medical Sciences, Jail Road, Lahore, 56800, Pakistan
b Department of Pulmonology, Punjab Medical College, Faisalabad, Pakistan

Received 9 October 2009; received in revised form 15 November 2009; accepted 1 December 2009; Available online 8 February 2010

Keywords: Pulmonary arteriovenous malformations; Coiling; Embolisation; Lobectomy

A huge pulmonary arteriovenous malformation (PAVM) presenting with a classical triad of cyanosis, polycythemia and clubbing of the fingers in a 12-year-old boy was confirmed on spiral computed tomography (CT) angiography. Considering the lesion size, central location and its large feeding and drainage vessels, the patient underwent right lower lobe lobectomy without complications.

Fig. 1. CT angiogram of the chest shows large encysted vascular lesion communicating with rt. pulmonary artery: (A) transverse section at the level of pulmonary artery shows a large feeding vessel* (1.6 cm); (B) transverse section at the level of lt. atrium, receiving a large drainage vein** measuring 1.8 cm in diameter; (C) 3D sections through the chest show dimensions of the lesion occupying rt. side of chest (10.1 cm x 6.5 cm x 5.8 cm).

Fig. 2. (A) The resected lesion and the affected lobe of the right lung, following open lobectomy. Part (B) shows the preoperative clinical signs; note marked cyanosis of lips, tongue and body and clubbing of fingers (arterial oxygenation 53% at room air). Part (C) shows marked postoperative improvement in cyanosis on 6th postoperative day.

* Corresponding author. Tel.: +92 42 3009403511; fax: +92 42 5714419. E-mail address: one11@hotmail.com (M.S. Nabi).