Idiopathic Pulmonary Trunk Aneurysm in 74-Year-Old Patient

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Pulmonary artery aneurysm is an enlargement of the pulmonary artery by more than 50% compared to its normal diameter. Pulmonary aneurysm is estimated at 1:14,000 cases of autopsy [1]. Congenital dilated pulmonary trunk diagnosed in 6 patients per 1000 patients diagnosed with other heart defect. The acquired pulmonary aneurysm is in a pulmonary hypertension in the course of a mitral stenosis; followed by lung cancer; tuberculosis aneurysm Rasmussen; sphyllis or fungal infections; vascular inflammatory, such as disease-Hughes Stovina, Behcet’s syndrome, Marfan syndrome [2]. In June 2016 was admitted 74-year-old to coronary artery bypass implantation.

During cardiological diagnostics in Czestochowa, when the patient was treated angioplasty with implantation an antimitotic stent to right coronary artery after during non-ST elevation myocardial infarction, the chest radiology scan highlighted enlargement left pulmonary hill. The patient was treated undergoing hypertension and paroxysmal atrial fibrillation so far. The patient did not complain of cough or hemoptysis. From the time of myocardial infarction was stable cardiac function. Follow-up examination supplementation was subsequently started. The patient underwent a standard process of in-hospital rehabilitation, and from the third post-operative day was able to walk down the hospital hallway. On the post-operative day, the patient was discharged in very good condition; the wound was healed by primary intention. On discharge, long-term antiplatelet therapy -clopidogrel, warfarin, atorvastatin, angiotensin converting enzyme, beta-blocker, and antidiuretic were recommended. Patient went home after 7 days from operation.

Anatomically pulmonary trunk aneurysm was passed on the left pulmonary artery. The right pulmonary artery was normal size. The patient was extubated as planned, with good respiratory and circulatory function. Postoperative hospitalization time was not complicated. The patient was extubated as planned, with good respiratory and circulatory function. Follow-up examination supplementation was subsequently started. The patient underwent a standard process of in-hospital rehabilitation, and from the third post-operative day was able to walk down the hospital hallway. On the post-operative day, the patient was discharged in very good condition; the wound was healed by primary intention. On discharge, long-term antiplatelet therapy -clopidogrel, warfarin, atorvastatin, angiotensin converting enzyme, beta-blocker, and antidiuretic were recommended. Patient went home after 7 days from operation.

References