Solitary peripheral pulmonary artery aneurysm

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An asymptomatic pulmonary artery aneurysm was discovered in a 27-year old man practicing Karate. History of congenital heart disease, infection and vasculitis was absent. Embolization was contraindicated by the aneurysmal neck being too large, and a lobectomy was performed. Non-inflammatory degeneration of the media at pathological examination indicated a congenital aetiology (Figs 1 and 2).

Figure 1: Pulmonary angiography (A) and magnetic resonance imaging (B) demonstrating a 31-mm saccular aneurysm of the right upper lobe artery.

Figure 2: Intraoperative view. The main right pulmonary artery dissected proximally and distally to expose the lesion (A). The opened aneurysm (B). Three segmental arteries arising from the aneurysm sac (arrows). Surgical ties placed around the main pulmonary artery proximal and distal to the aneurysm and around the segmental branches. RUL: right upper lobe; VCS: vena cave superior; RPA: right pulmonary artery.