Morais, F.; Mascarenhas, V.V.; Campos, P.
Ruptured bronchial artery aneurysm in patient with unknown trauma or lung disease
Sociedade Portuguesa de Pneumologia
Lisboa, Portugal

Available in: http://www.redalyc.org/articulo.oa?id=169731227013
Ruptured bronchial artery aneurysm in patient with unknown trauma or lung disease

Ruptura de aneurisma da artéria brônquica em paciente sem traumatismo ou doença pulmonar conhecidos

Enlargement of the bronchial arteries with bleeding, is more prominent in bronchial disease (bronchiectasis or chronic bronchial inflammation), than in chronic parenchymal lung disease.\(^1\)

Normal bronchial arteries are small vessels (less than 2 mm) that arise directly from the descending thoracic aorta. There are anatomical variations, but the most constant vessel is the right intercostobronchial trunk, which usually arises from the right posterolateral aspect of the thoracic aorta.\(^2\)

Bronchial artery aneurysm (BAA) is very rare and is reported in less than 1% of selective bronchial arterial angiograms.\(^3\)

We briefly review the literature of BAA based on radiological findings of an exceptional case of an 74 years-old male, with no previous trauma or lung disease, that was admitted to our emergency department with hemoptysis and was found to have ruptured BAA in computed tomography (CT). The chest angio-CT (CT performed with intravenous contrast) revealed a 2.4 cm BAA (Fig. 1) contiguous with a large right bronchial artery, that is originated from the dilated right intercostobronchial trunk, associated intrapulmonary hematoma of the lower right lobe (secondary to sustained ruptured intrapulmonary BAA) and homolateral hemothorax.

No apparent lung parenchymal or bronchial disease (namely bronchiectasis) was seen.

Thoracotomy with partial inferior right lobectomy was performed, because of the life threatening contained BAA rupture, and confirmed CT findings.

BAA can be congenital (as in the context of pulmonary sequestration or pulmonary agenesis), or can be acquired (as a result of lung disease, trauma, sepsis, vasculitis or Osler–Weber–Rendu syndrome).\(^4\) In patients without predisposing pulmonary or systemic disease, BAA are extremely rare.\(^5\)

BAA are classified anatomically either as mediastinal or intrapulmonary or both, because of their associated symptoms.\(^3\) Intrapulmonary aneurysms often present hemoptysis and the main complaint for mediastinal BAA is related to compression or rupture into contiguous structures.\(^4\)

Most BAA are asymptomatic until they rupture.\(^3,4\)

Regardless of whether the patient has symptoms, BAA should be treated promptly when diagnosed, because it is a potentially life-threatening lesion.

Angio-CT is mandatory to make definitive diagnosis of BAA, providing essential information for further treatment approach.\(^2,4\)

References


F. Morais\(^*\), V.V. Mascarenhas, P. Campos

Radiology Department, Hospital Santa Maria, Centro Hospitalar Lisboa Norte (CHLN), Lisboa, Portugal

\(^*\)Corresponding author.

E-mail address: fatimasmorais@gmail.com (F. Morais).

http://dx.doi.org/10.1016/j.rppneu.2013.09.003