

Massive Hemoptysis from Descending Aortic Pseudoaneurysm Ruptured into the Left Lung

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Received date: October 30, 2016; Accepted date: December 09, 2016; Published date: December 19, 2016

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Citation: Sun Y, Zhao Y, Lu X, Cao D (2016) Massive Hemoptysis from Descending Aortic Pseudoaneurysm Ruptured into the Left Lung. Intern Med 6: i113. doi: 10.4172/2165-8048.1000i113

Keywords: Aortic pseudoaneurysm; Complication; Pulmonary hematoma; CT angiography

Clinical Image

A 45-year-old male presented with severe hemoptysis and progressive dyspnea for 2 days. Chest CT showed a thoracic aortic aneurysm, ill-defined heterogeneous mass in the left upper lobe and patchy attenuation. Moderate pleural effusions were also seen in the left pleural space.

The patient refused to surgery and endovascular stent, and died from massive hemoptysis on the 7th day after his admission.

Thoracic aortic aneurysm can rupture into adjacent structures, such as pericardial and pleural cavities, trachea and bronchi, esophagus, but rupture into the lung parenchyma is rare. Clinic presentations largely depend on the site of rupture, frequently presenting as sudden death; however, an immediate rupture into the lung, accompanied by fatal hemoptysis and aspiration, is very rarely encountered [1]. CT should be considered the preferred diagnostic technique for the ruptured aneurysm into the lung. Disseminated alveolar hemorrhage and pulmonary hematoma are easily detected by CT scan, as described in our case. Evaluation of the aorta with CT angiography allows confirmation of the aneurysm as well as defining the extent of the diameter (Figure 1a-1d).

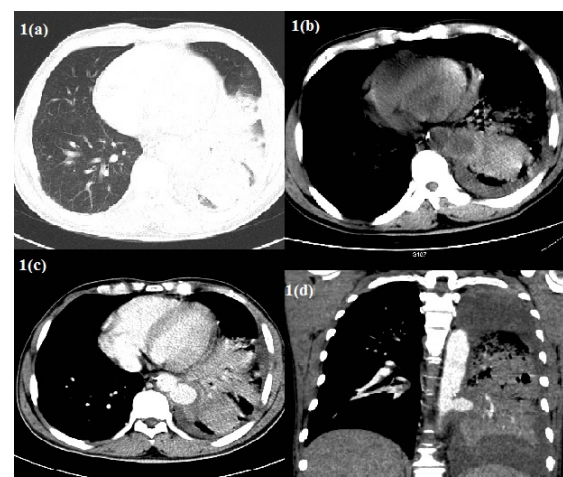


Figure 1: Chest CT showed a thoracic aortic aneurysm, ill-defined heterogeneous mass in the left upper lobe and patchy attenuation.

References

1. Chen JH, Ishikawa T, Michiue T, Maeda H (2011) An autopsy case of unexpected sudden death due to rupture of a thoracic aortic aneurysm into the left lung. Leg Med (Tokyo) 13: 201-204.