Giant Aneurysm of the Trunk and Branches of the Pulmonary Artery Associated with Behcet’s Disease. About One Case

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Abstract

The authors report the case of a patient followed for bechet’s disease who consults for a chest gene. A pulmonary artery aneurysm is diagnosed as part of his illness.

Keywords: Pulmonary Artery; Behcet’s Disease; Angioscanner

Case Report

We report the case of a 55-year-old patient, followed for Behcet’s disease and who presents with progressive worsening dyspnea. Chest radiograph shows superior mediastinal enlargement. Chest CT scan confirms bilateral pulmonary artery aneurysm.
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Figure 1: Thoracic CT scan in axial (a) and sagittal sections (b, c), in mediastinal window, in a 65-year-old patient, showing a large sacciform aneurysm of the trunk (a) and extended to the right (b) and left branches (c) of the pulmonary artery, measuring 10, 4.5 and 4 cm respectively. The aortopulmonary ratio is greater than 2. Note the good opacification of the artery by the contrast medium without thrombosis or associated dissection.

Discussion

Behcet’s disease was first described in 1937 by a Turkish dermatologist, Hulusi Behcet. When it was discovered, this disease was defined by a clinical triad of oral aphthosis, genital aphthosis and uveitis. The advent of new imaging methods has made it possible to discover another mode of revelation: the aneurysm of the pulmonary artery.

In Behçet’s disease, aneurysms of the pulmonary artery are rare. They are often bilateral, affecting the proximal pulmonary arterial trunks [1].

A pulmonary arterial aneurysm (PAA) is defined by a dilation of the wall of the trunk and / or branches of the pulmonary artery.

The chest radiograph shows a round or oval opacity, juxta hilar, on the path of the pulmonary arteries deforming the contours of the cardiac silhouette.

The thoracic CT scan is the examination of choice, it affirms the diagnosis of aneurysm, determines its location and nature, measures its dimensions and detects possible complications (dissection, rupture or thrombosis).

In the typical form, it is an asymmetric, sacciform dilation of the pulmonary artery trunk (PAT) greater than 40 mm, isolated or extended to the branches of the pulmonary arteries, with an aortopulmonary diameter ratio greater than 2 [2].

PAA are exceptional. They can be the revealing manifestation of Behçet’s disease. Treatment involves embolization or surgery.

Conclusion

Behçet’s disease is a widespread vasculitis. Vascular aneurysms and in particular of the pulmonary arteries are rare. The diagnosis is based on the CT angiography.

Bibliography