AN UNUSUAL CAUSE FOR RECURRENT HEMOPTYSIS:

Abstract:

Hemoptysis has varied etiology. As far India is concerned, the commonest cause would be tuberculosis. Here we present a case of recurrent hemoptysis, initially thought to be tuberculosis. Later pulmonary artery aneurysm was diagnosed and intervened with PDA occluder device. Recurrence of pulmonary artery aneurysm on the contra lateral side was detected and again intervened. Auto immune vaculities was finally diagnosed to be the etiology for the recurrence.

Case report:

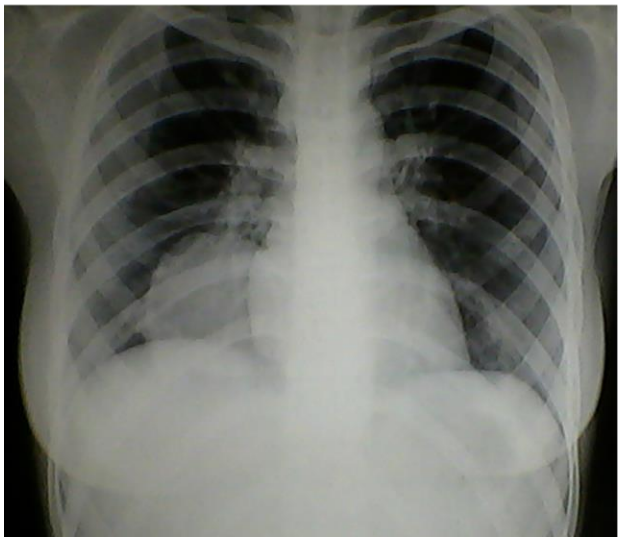
Our patient is a 24 year old unmarried female with no co morbidities. She presented with complaints of fever of 8 months duration with loss of weight and loss of appetite. She had hemoptysis which was of moderate for the past 6 months. She underwent multiple investigations elsewhere and was put on anti tuberculosis treatment. She came to our department with massive hemoptysis. Her chest X ray showed homogenous radio opaque lesion in right lower lobe. Her CT scan chest revealed large pulmonary artery aneurysm. Pulmonary angiogram revealed inferior branch of right pulmonary artery as the feeder for the large aneurysm. The feeder artery was closed with PDA occlude device. Patient was symptom free and discharged with the advice to continue anti tuberculosis treatment.

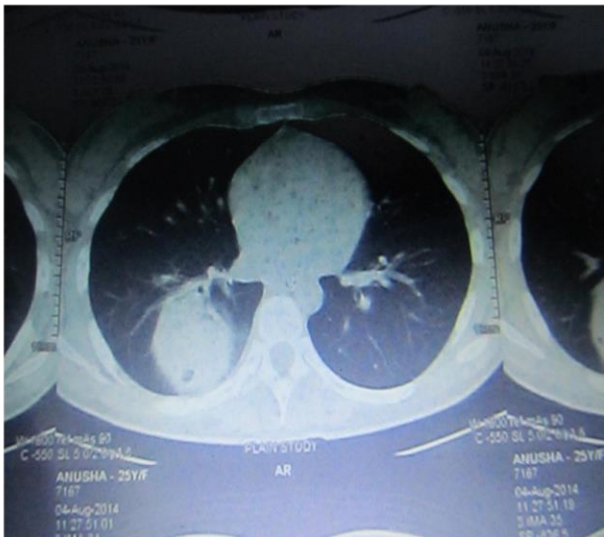
One month later patient again presented with hemoptysis. Chest X ray and CT scan chest revealed a new lesion in the left side. Pulmonary angiogram revealed a large pulmonary artery aneurysm in left side. Also right iliac and femoral vein was thrombosed which was detected during angiogram. This time aneurysm feeder was occluded with PDA occlude device. She was diagnosed to have auto immune vasculitis.

Discussion:

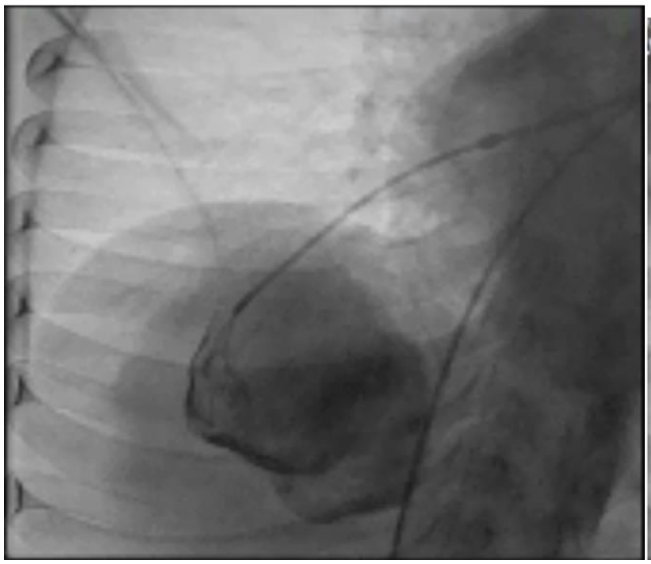
Hughes-Stovin syndrome (HSS) is a rare autoimmune disorder of unknown etiology,characterized by peripheral deep venous thrombosis (DVT) and pulmonary and/or bronchial aneurysms.Symptoms include recurrent DVT, cough, dyspnea, fever, chest pain and haemoptysis. Less than 50 cases has been published in the literature, most of the patients being young males aged 20 to 40.The pathogenesis is not clear, but assumed to be a consequence of angiodysplasia and vasculitis similar to those in Behcet disease. The management includes medical (immunosuppressives) and surgical(resection, embolization) options. However, massive pulmonary bleeding remains the most common cause of the death.

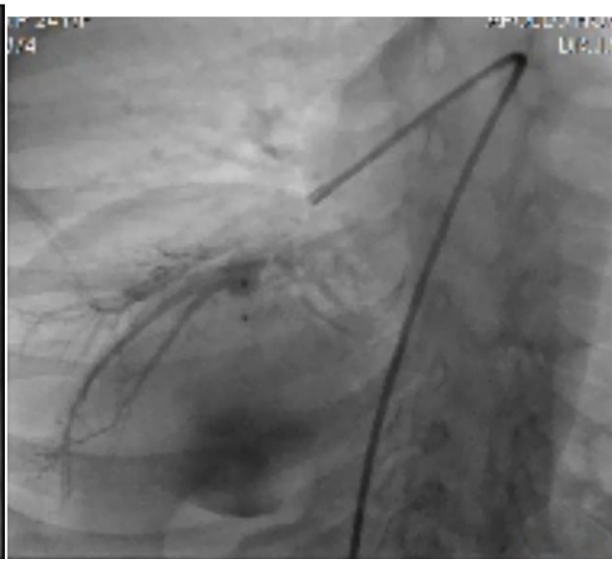
Chest X ray and CT scan



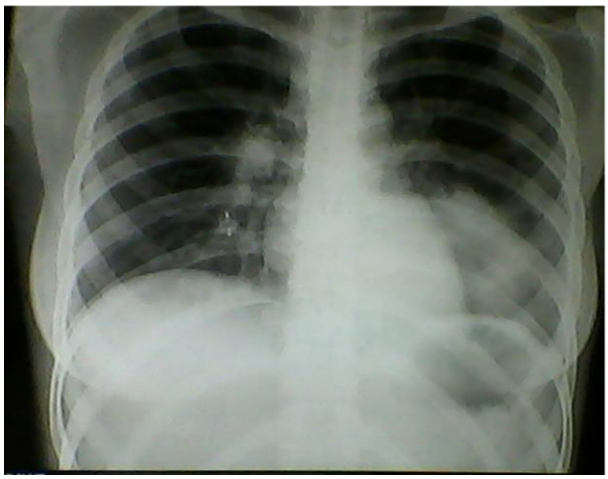


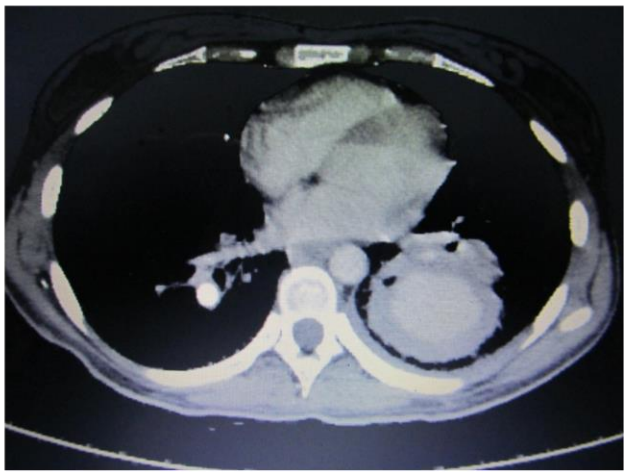
Before and after intervention



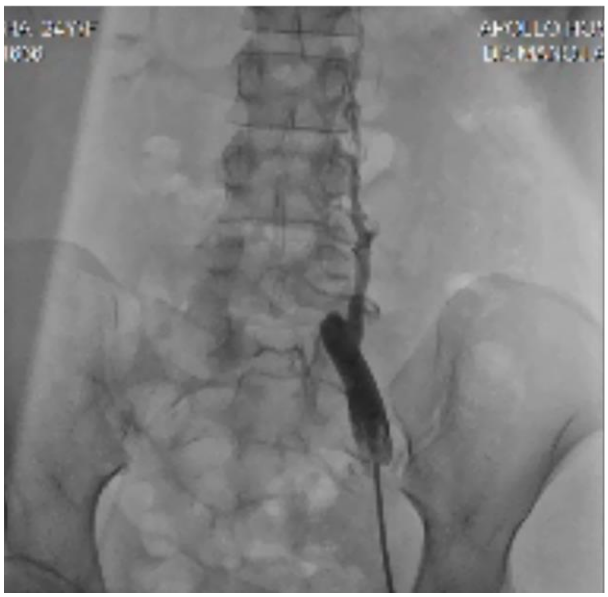


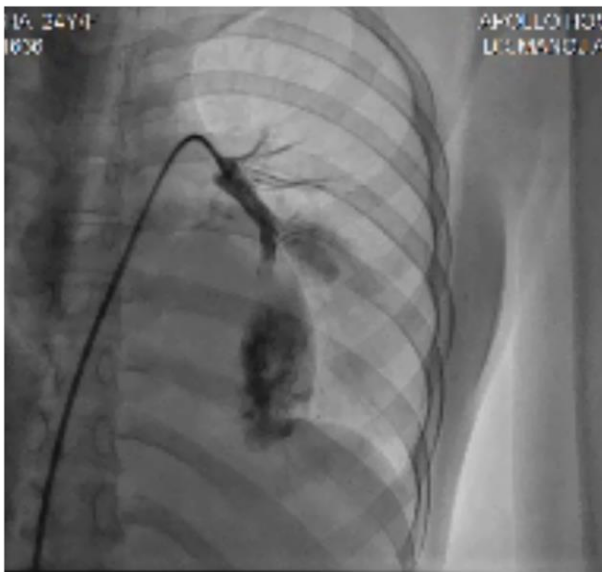
Recurrence in the left side





Occluded right iliac vein and left pulmonary artery aneurysm





After intervention