#### Diagnostic Pitfalls of Pulmonary Venous Anomaly

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#### **Pulmonary Venous Anomalies**

- Abnormal numbers of pulmonary veins
- Stenotic connections
- Normal pulmonary venous connections with anomalous drainage
- Anomalous connections

# Diagnosis

- 1. Clinical suspicion
- 2. Stabilization of the patient
- 3. Imaging
  - Echo
  - CT or MRI

#### Case

- 35 wk, 12 hr after birth,
- Cyanosis and Tachypnea
- SaO2 : 65%
- Dx  $\rightarrow$  RDS? or other ?
- Hx Surfactant Tx
- RDS with PDA ??
- TAPVR with obstruction !!



#### Pulmonary Venous Anomalies Diagnosis

- Anatomy Echo, CT, or MRI
  - Number of pulmonary veins
  - Pulmonary venous connections
  - Pulmonary venous drainage
  - Position and status of the atrial septum
  - Systemic venous connections

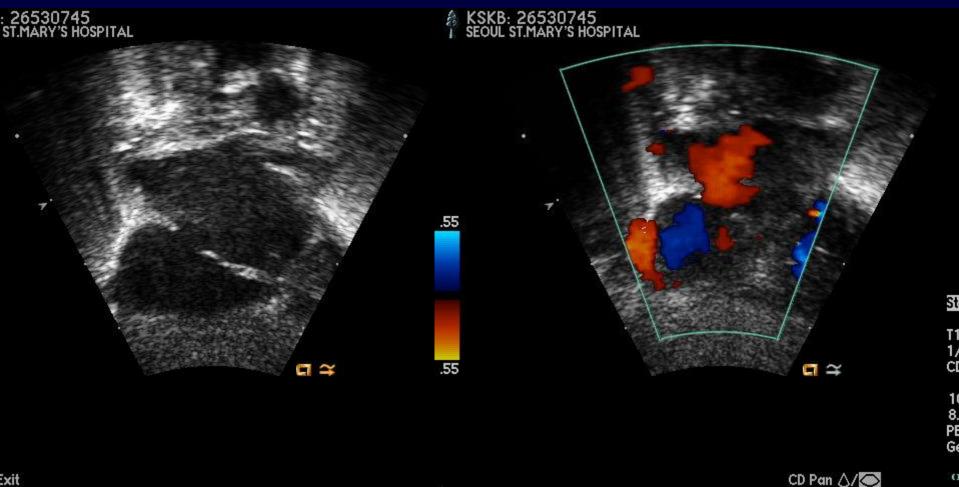
#### Pulmonary Venous Anomalies Diagnosis

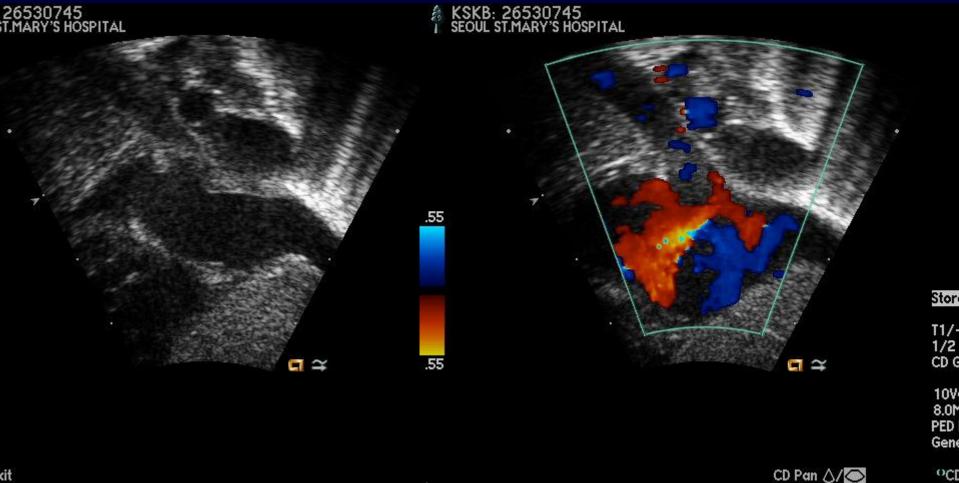
- Hemodynamic assessment echo
  - Flow direction
  - Pulmonary venous obstruction
  - Atrial septal restriction
  - RV volume load and function
  - RV or pulmonary hypertension
  - LV function and systemic output

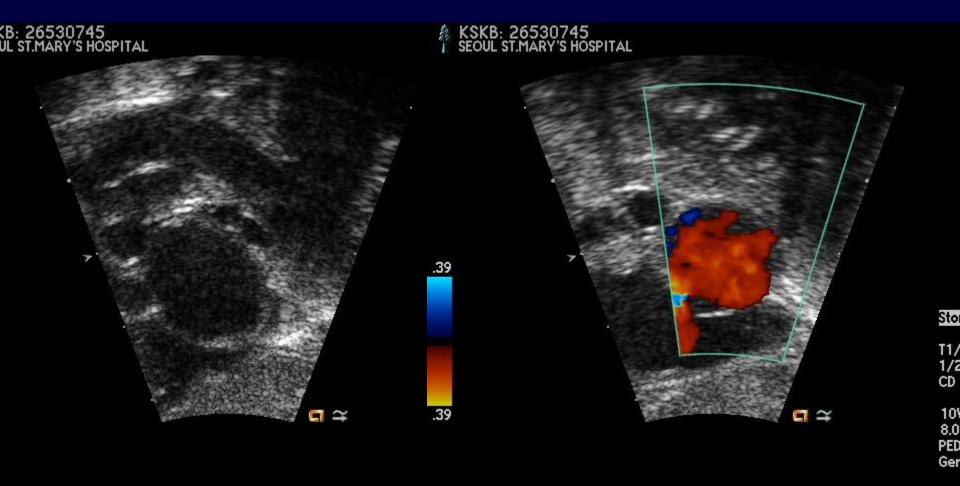
#### Imaging of pulmonary veins

- Subcostal short axis
- Subcostal long axis
- Apical 4- or 5 chamber
- Parasternal long axis
- High parasternal short axis ("crab view")





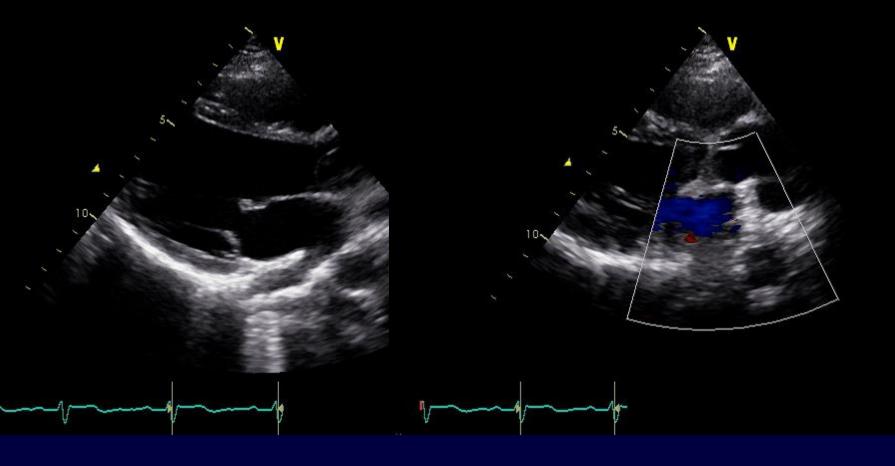




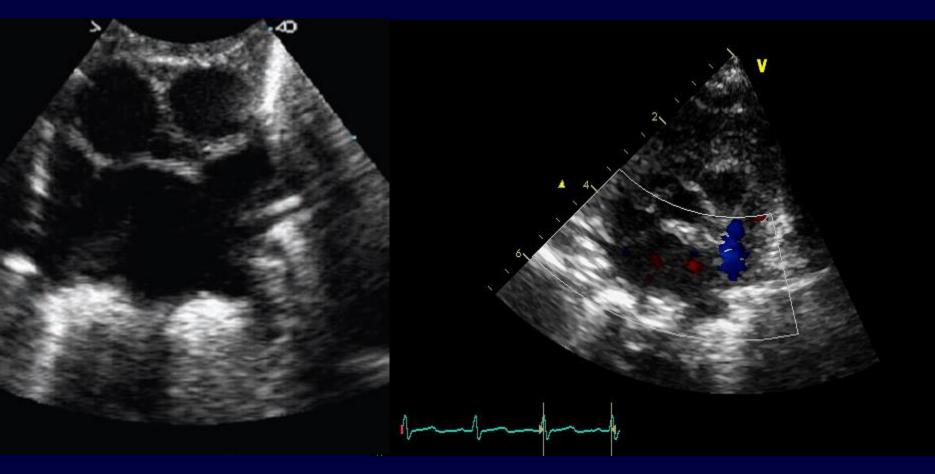
# Pulmonary veins 4-C or 5-C view



# Pulmonary veins Parasternal long axis



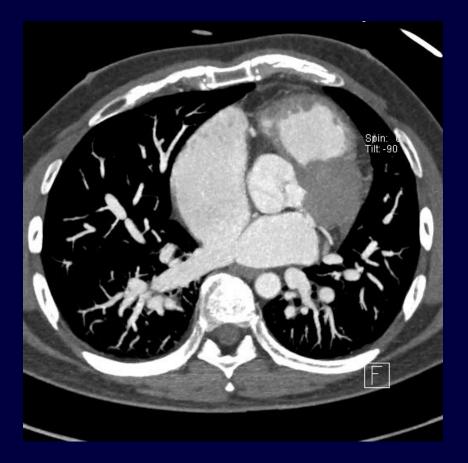
#### Pulmonary veins High parasternal short axis ("crab view")

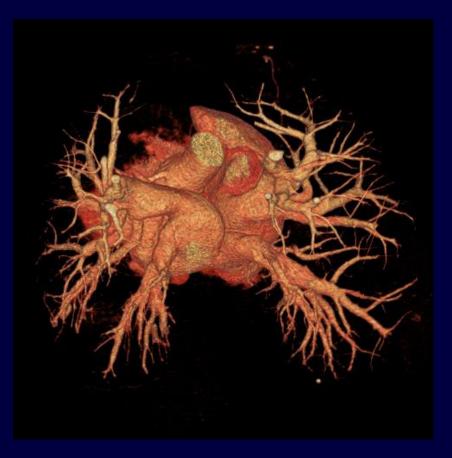


# Terminology

- Anomalous pulmonary venous --- Connection (TAPVC)
  - Anatomic term
  - Drainage (TAPVD) or <u>Return (TAPVR)</u>
    - Physiologic or hemodynamic term

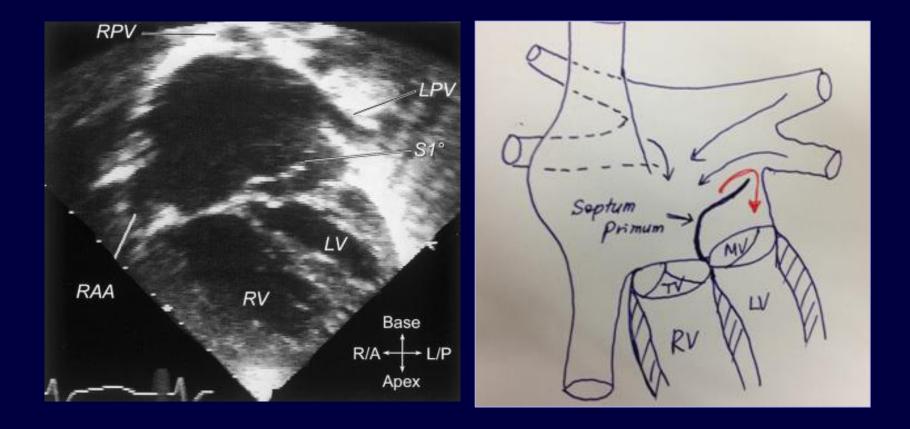
# Normal connection with abnormal drainage





#### Sinus venosus defect

# Normal connection with abnormal drainage

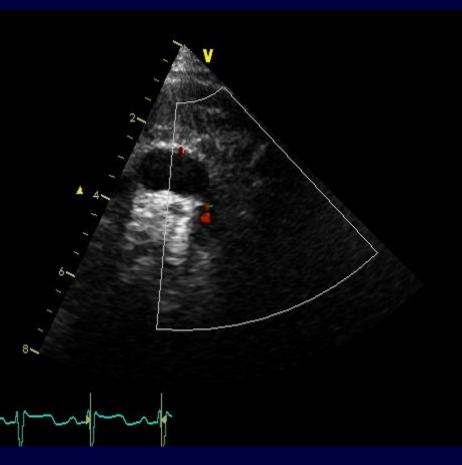


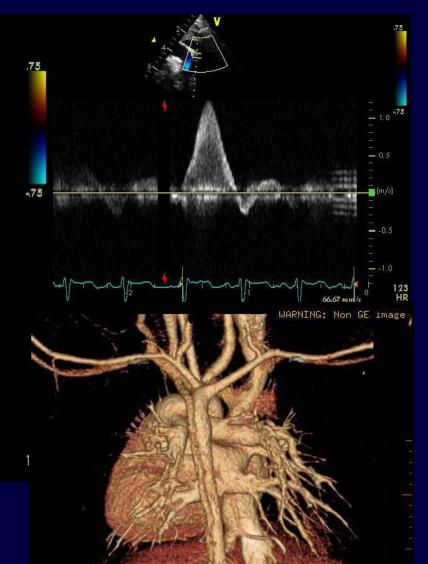
#### Abnormal connection



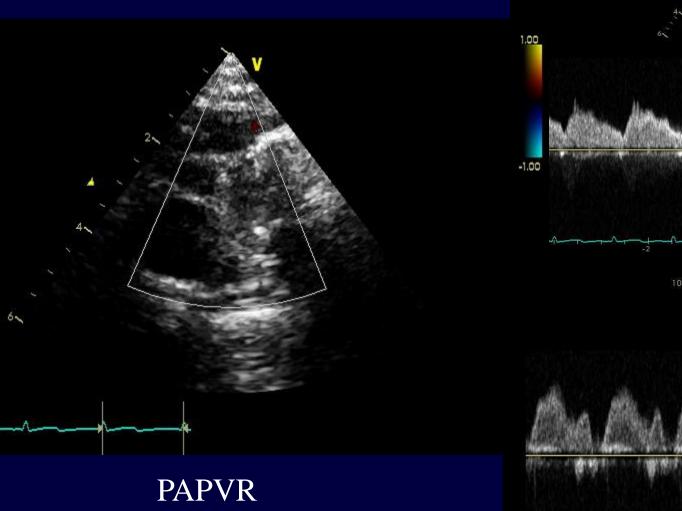


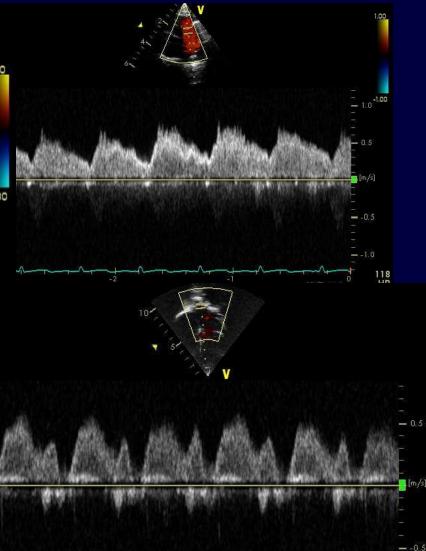
#### Flow into innominate vein



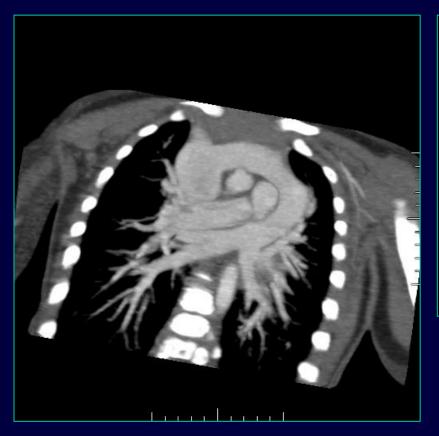


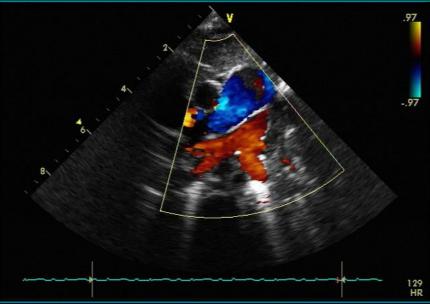
#### Flow into innominate vein





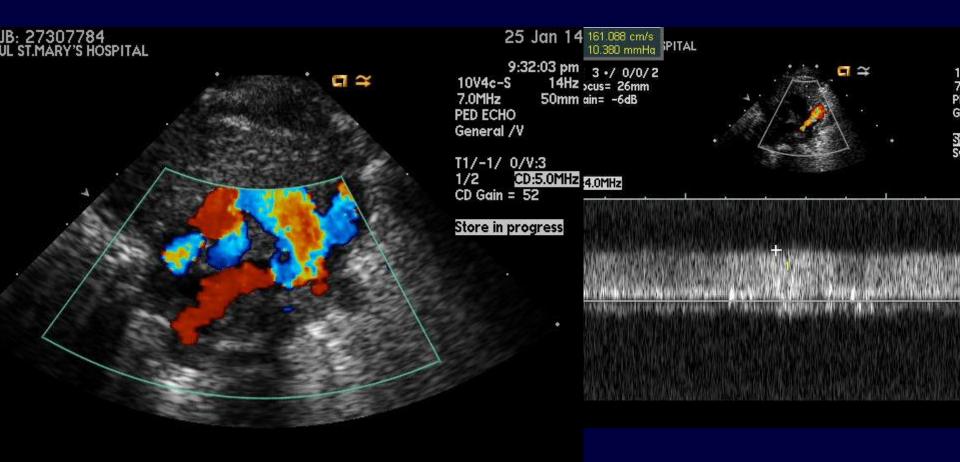
# Female, 4 months





유정진 선생님 제공

### Flow into innominate vein

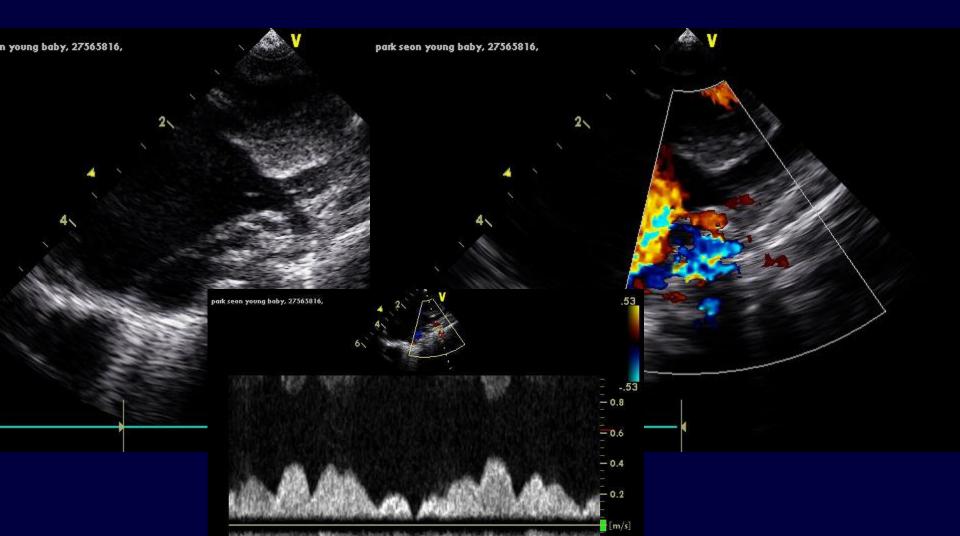


TAPVR with obstruction

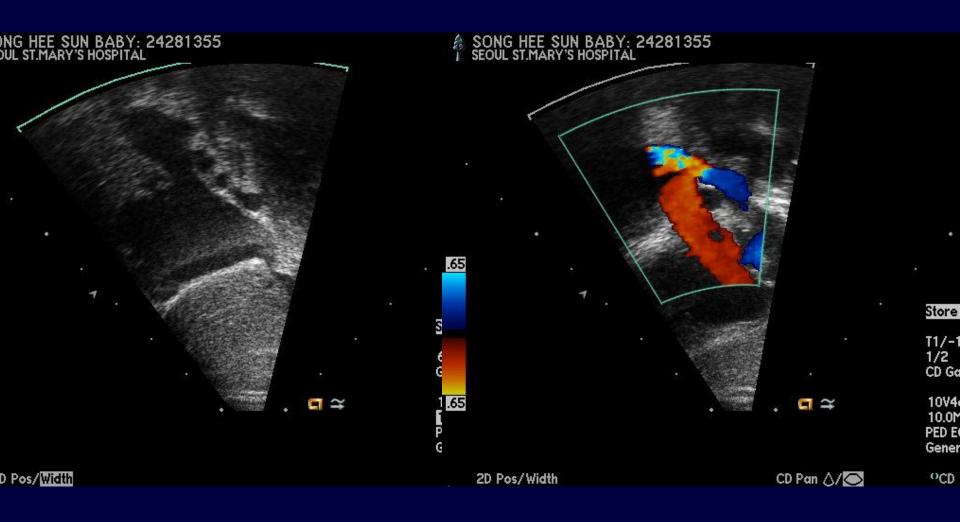
CD Pan 👌 💽

OCD Pos/Size

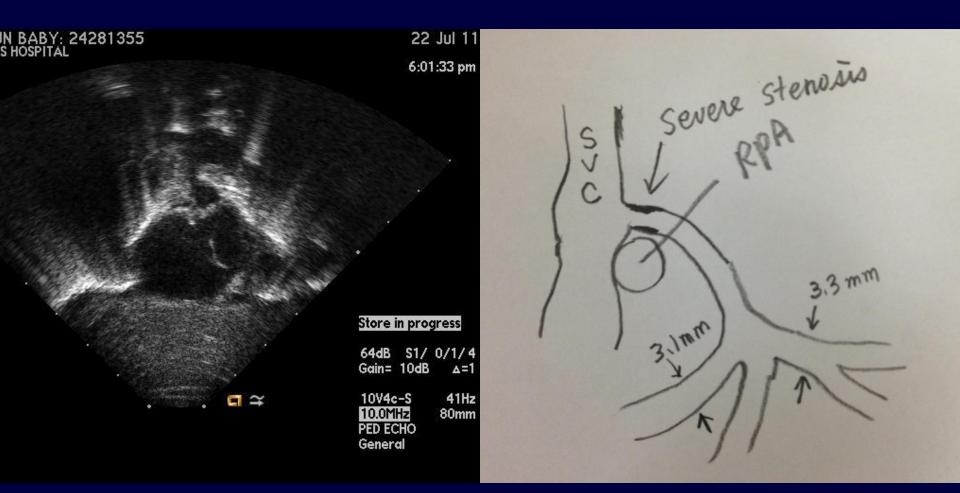
#### Flow into SVC

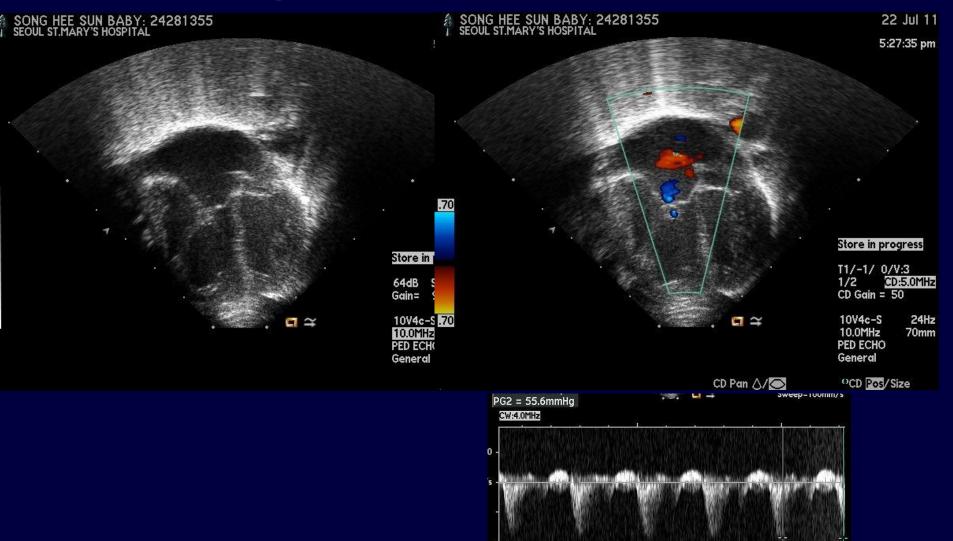


#### Flow into SVC

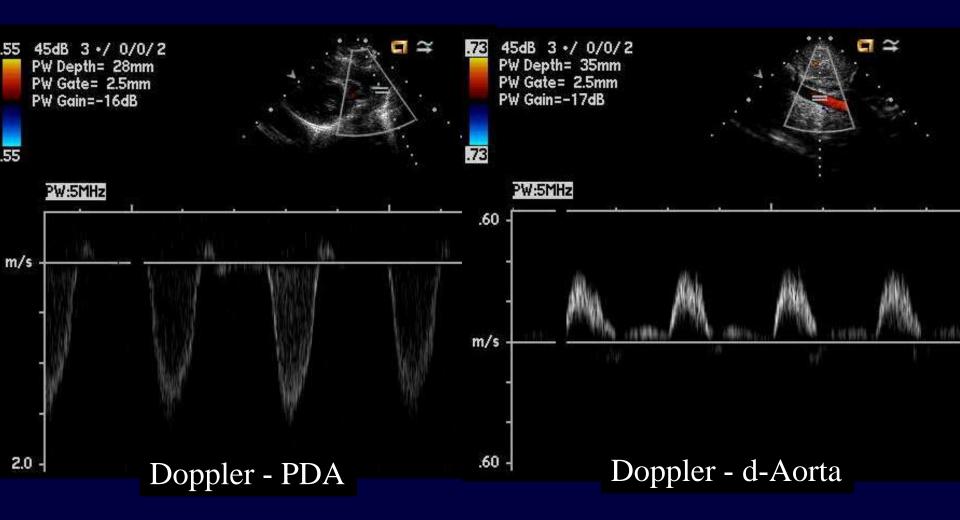






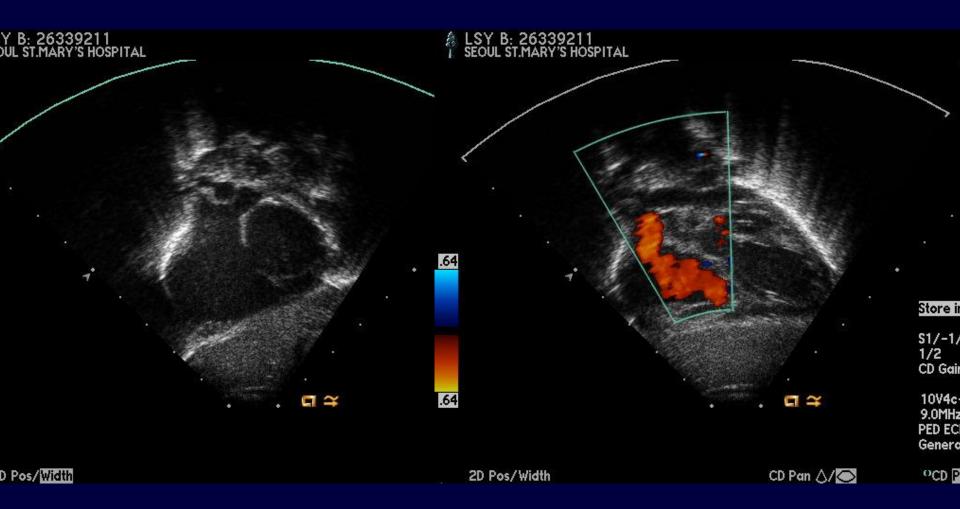




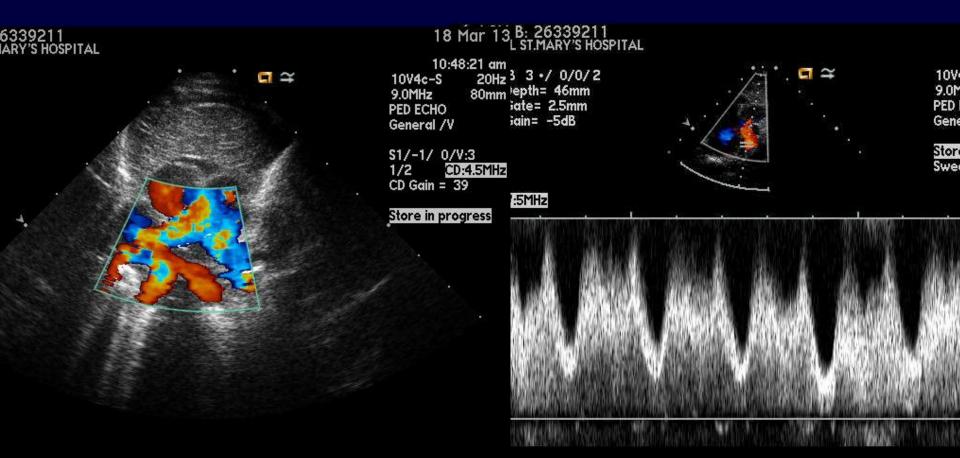




#### TAPVR

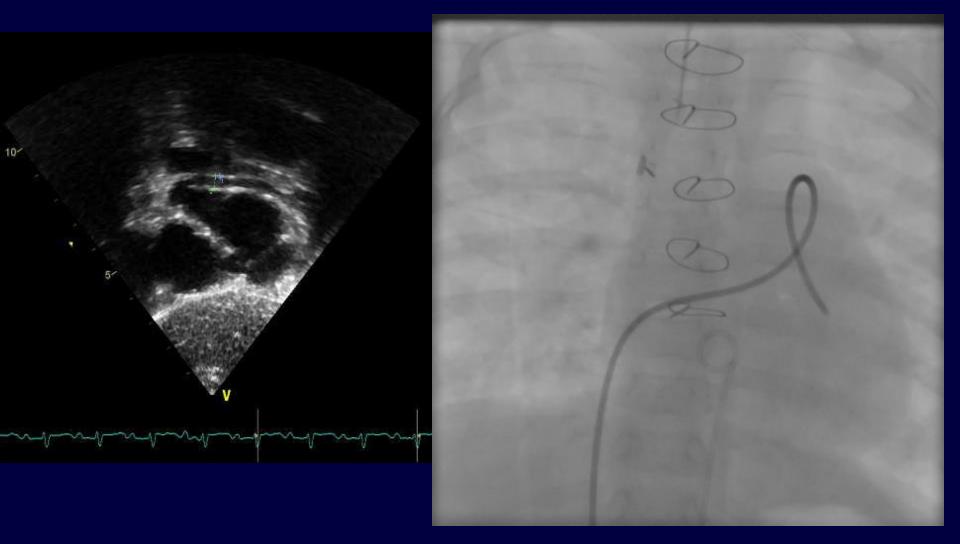


### TAPVR



OCD Pos/Size

# TAPVR

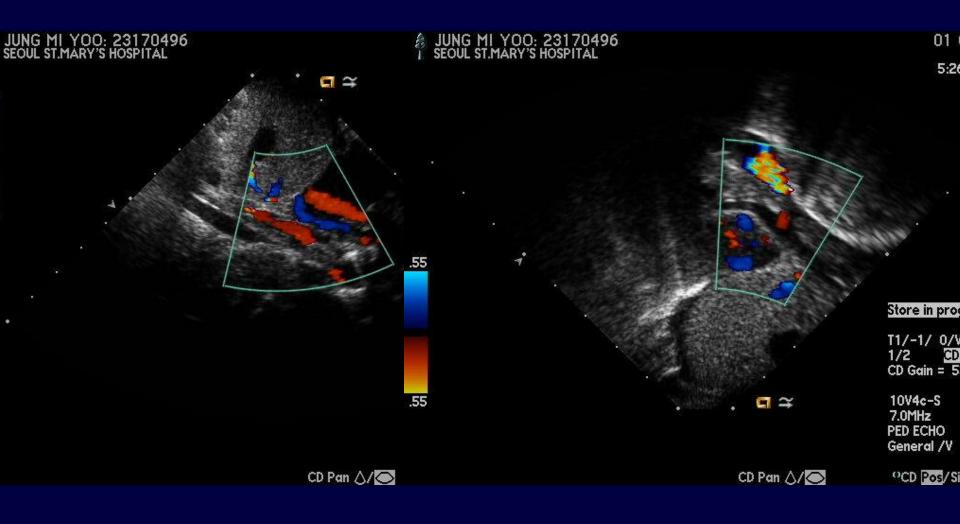


# Abnormal flow penetrating diaphragm

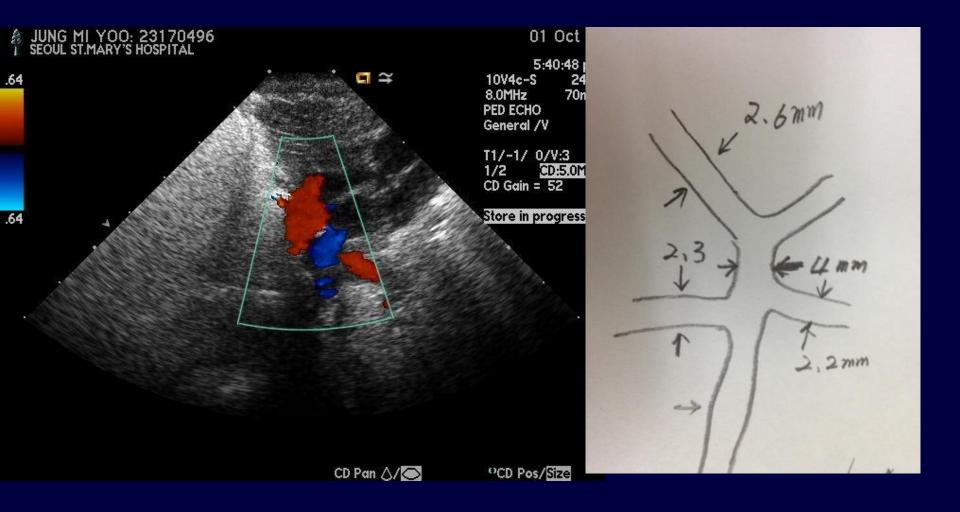


OCD Pos

#### Infracardiac TAPVR



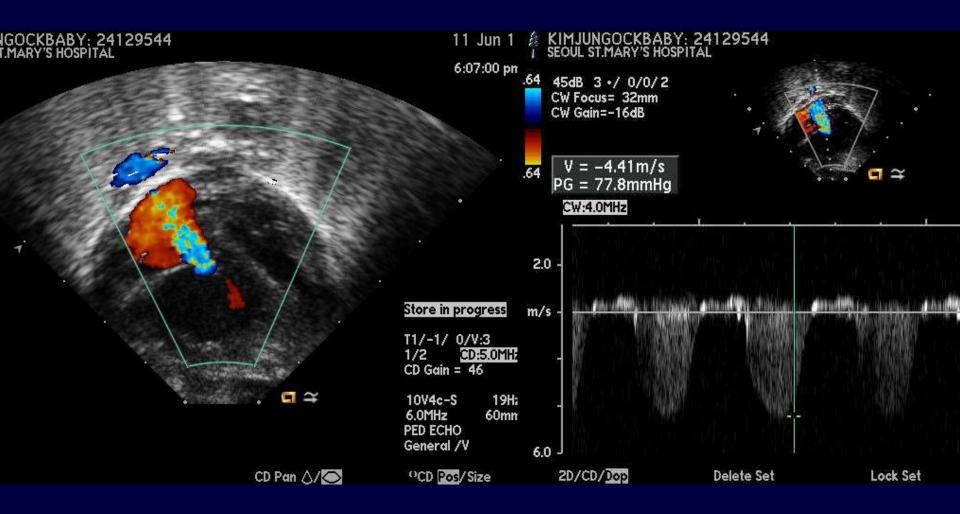
#### Infracardiac TAPVR

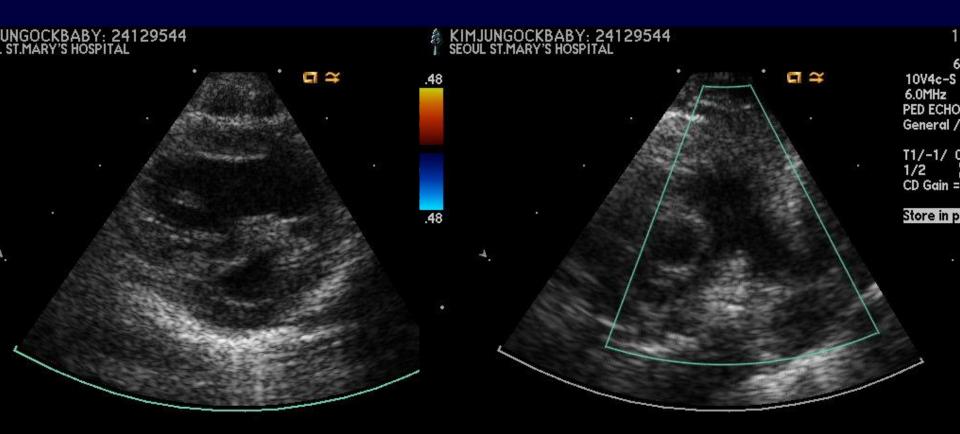




CD Pan 👌 💽

OCD Pos/Size

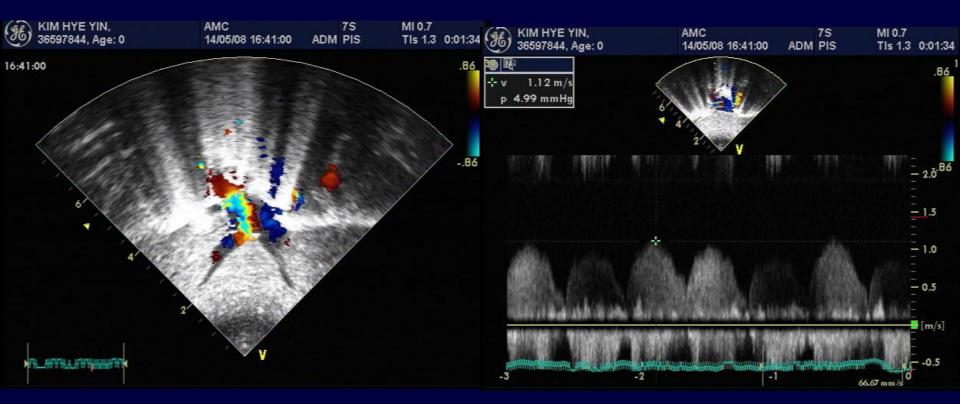






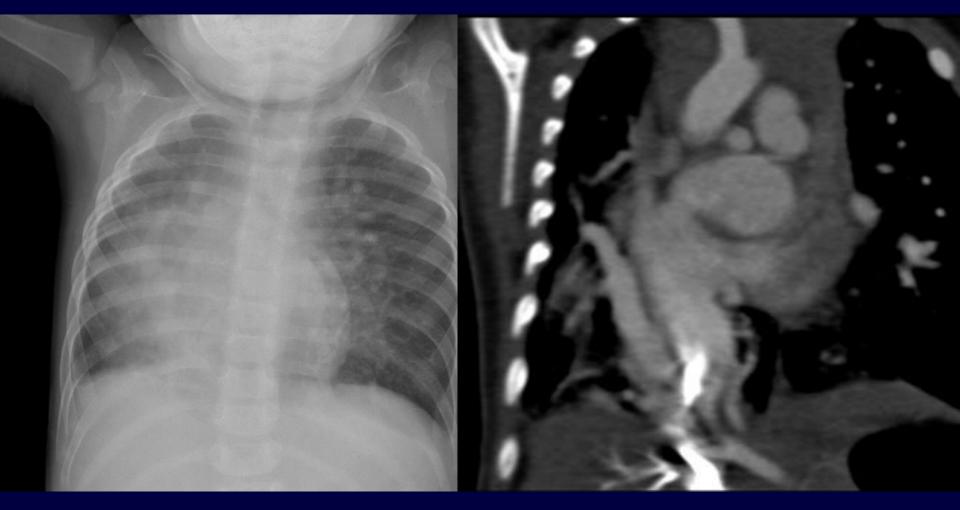


# Abnormal flow into IVC



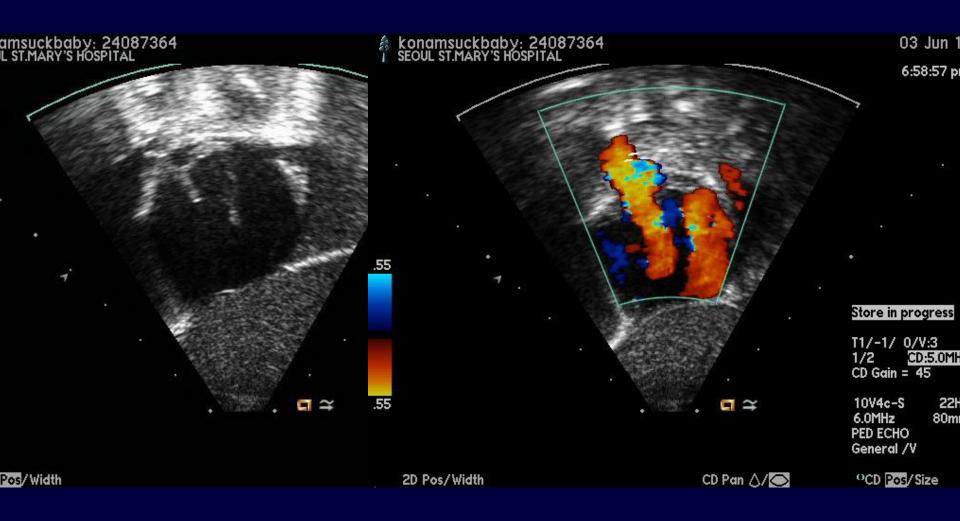
#### 유정진 선생님 제공

# Scimitar syndrome

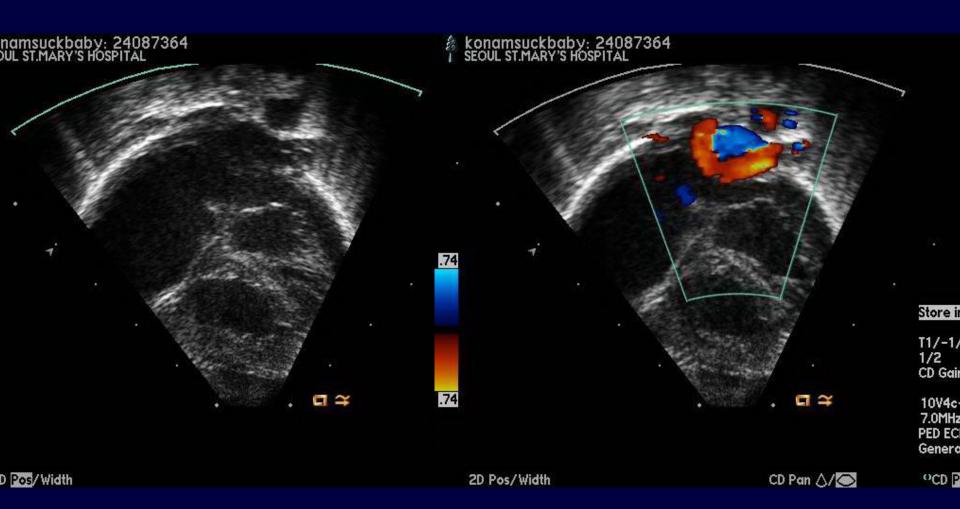


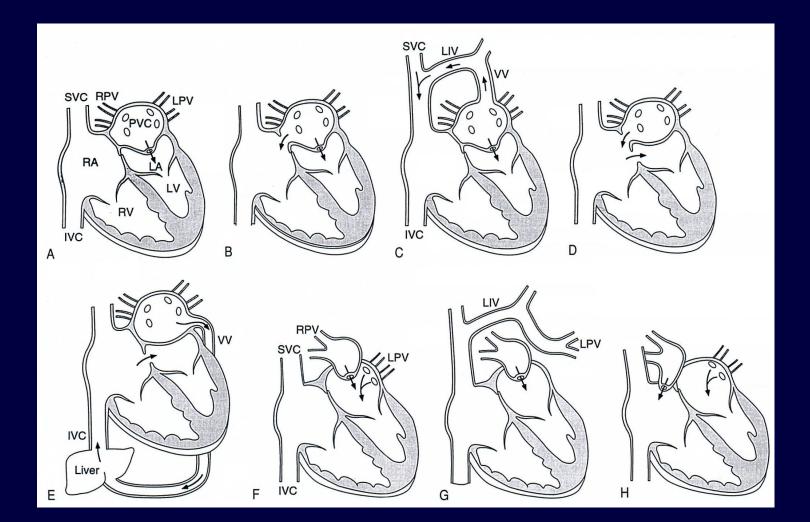
#### 유정진 선생님 제공

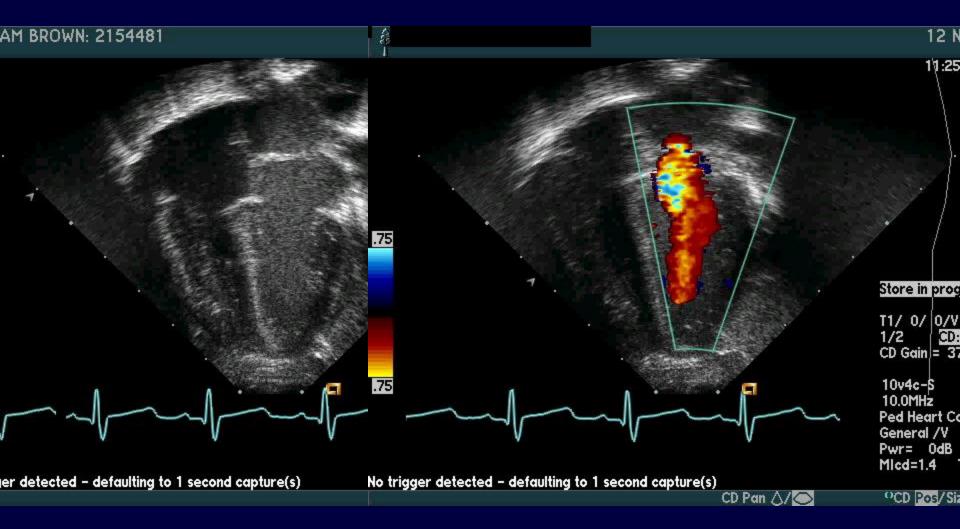
## Cardiac TAPVR

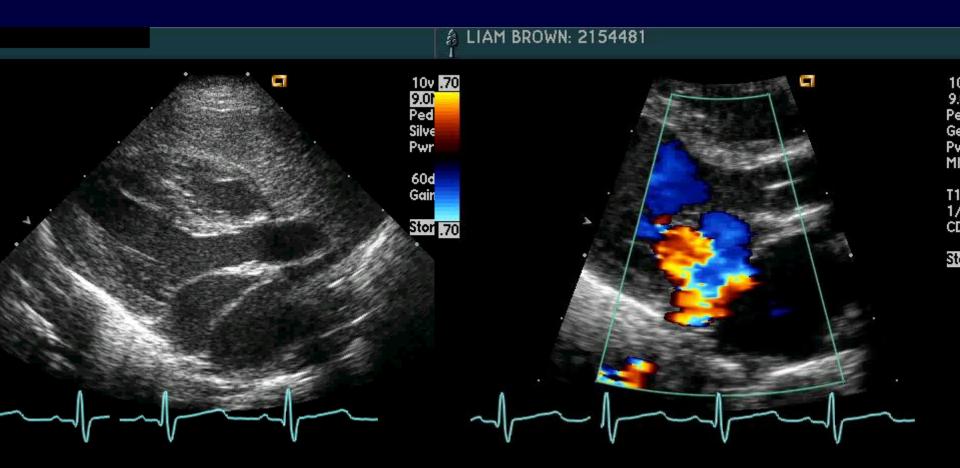


# Cardiac TAPVR

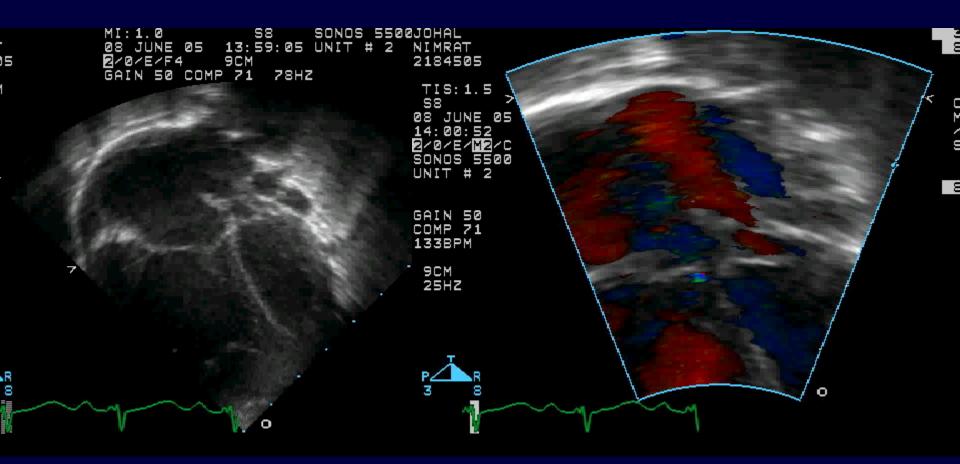




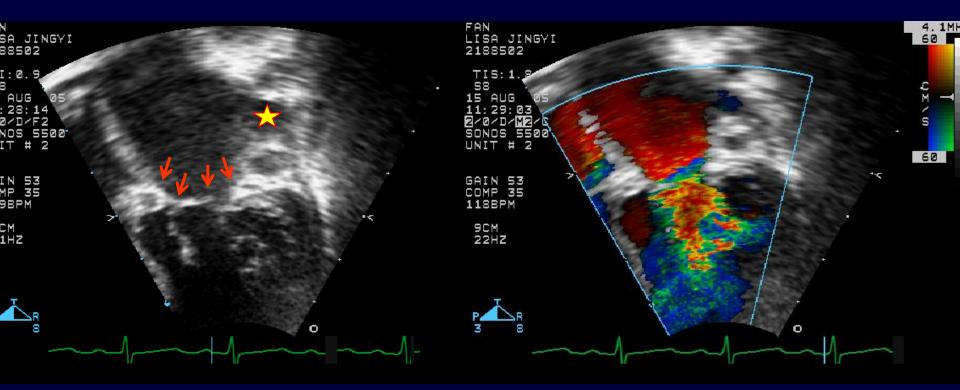




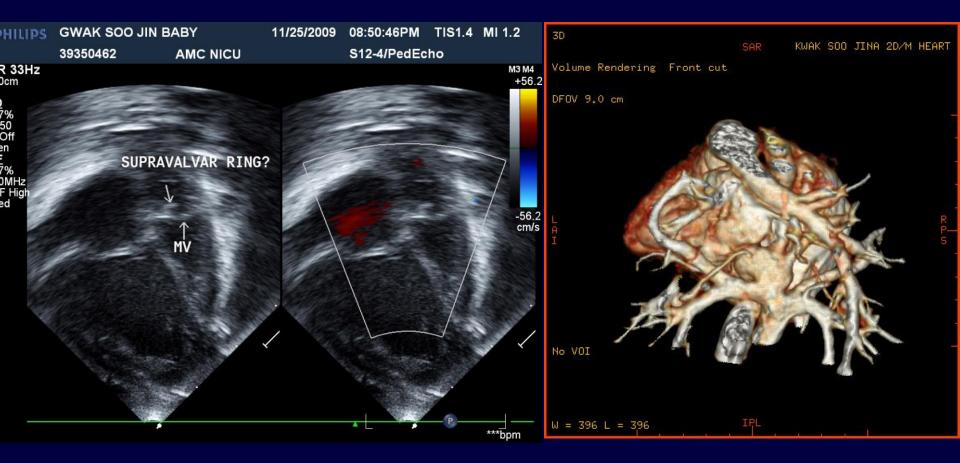
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# Supramitral ring

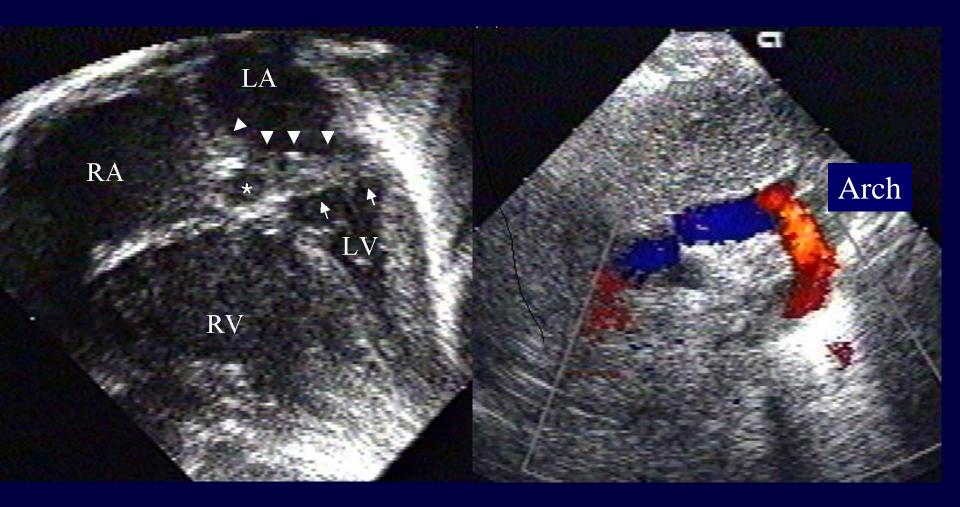


# HLHS? Supramitral ring?

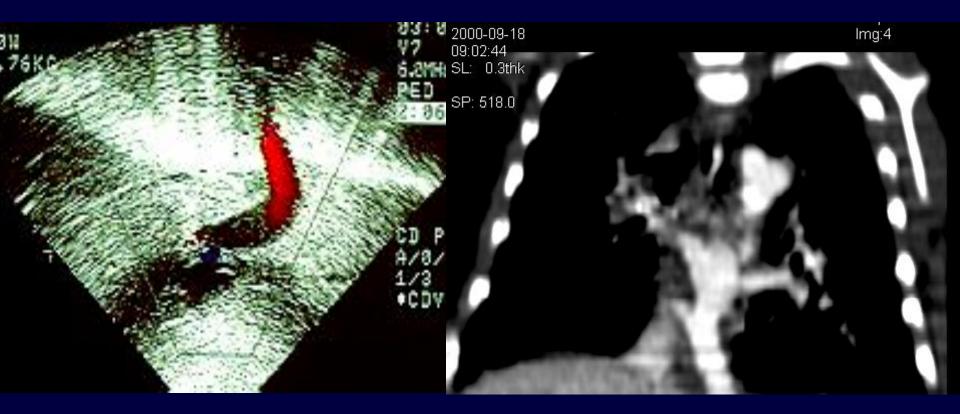


#### 유정진 선생님 제공

#### Mitral atresia? HLHS?

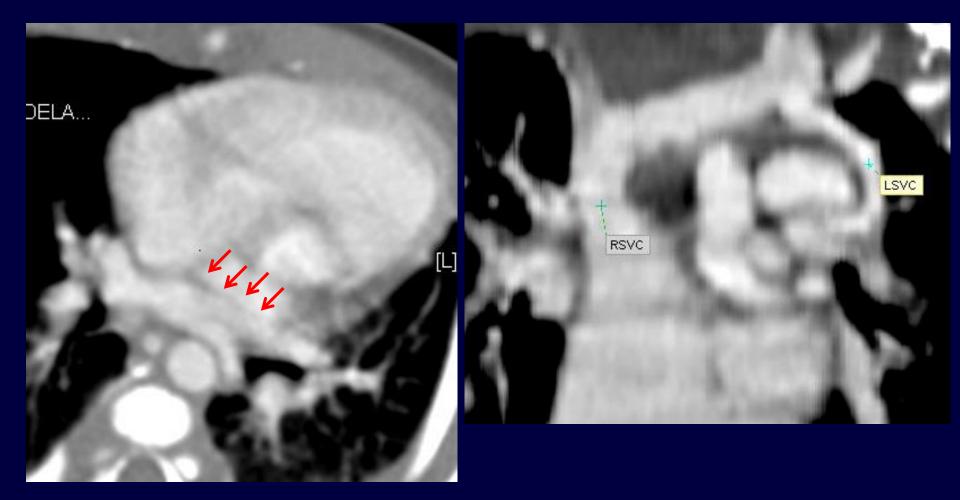


# Cor triatriatum with TAPVR & functional MA

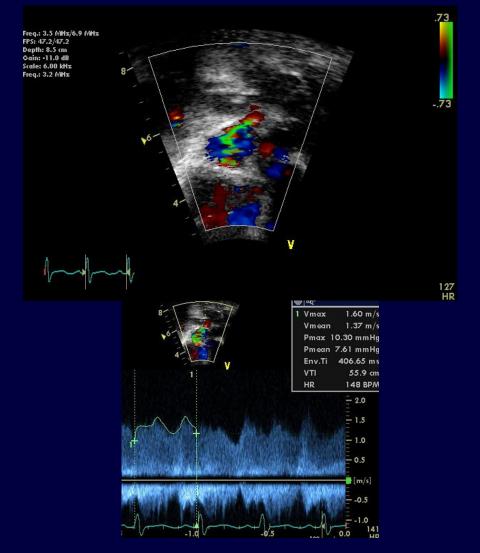


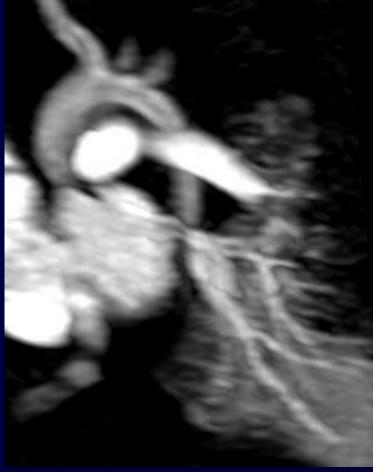
Vertical vein into HV with obstruction

# HLHS, Cor triatriatum with TAPVR



# Individual PV stenosis





# Diagnosis of pulmonary venous anomalies

- Clinical suspicion
  - Early diagnosis is essential
- Step-by-step anatomic approach
- Hemodynamic assessment

