Diagnostic Pitfalls of Pulmonary Venous Anomaly

이재영

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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

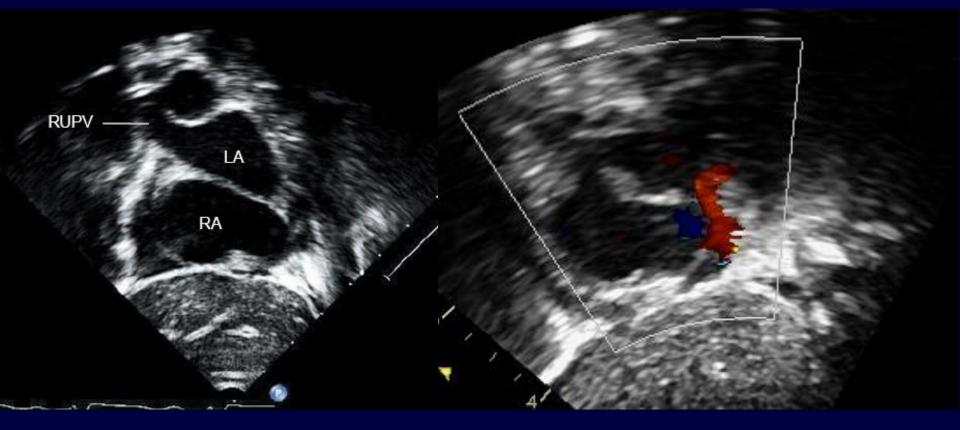
- Anatomy Echo, CT, or MRI
 - Number of pulmonary veins
 - Pulmonary venous connections
 - Pulmonary venous drainage
 - Position and status of the atrial septum
 - Systemic venous connections

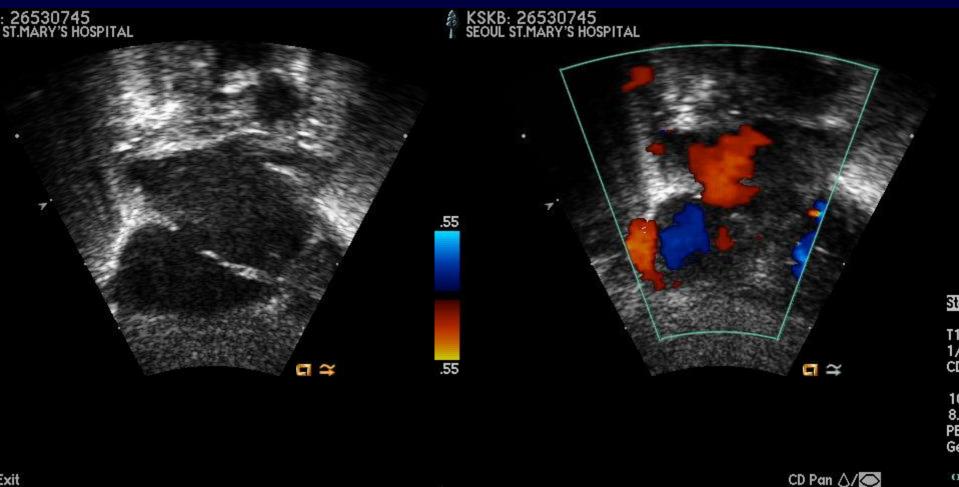
Pulmonary Venous Anomalies Diagnosis

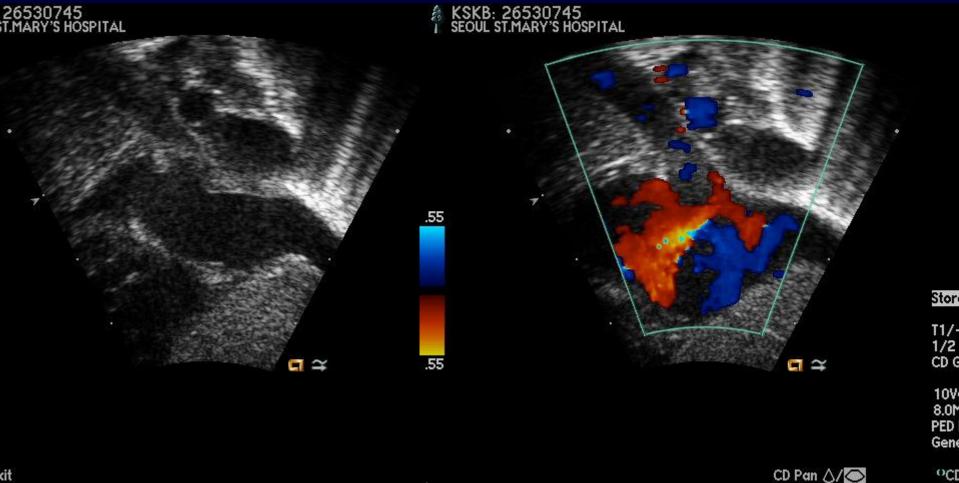
- Hemodynamic assessment echo
 - Flow direction
 - Pulmonary venous obstruction
 - Atrial septal restriction
 - RV volume load and function
 - RV or pulmonary hypertension
 - LV function and systemic output

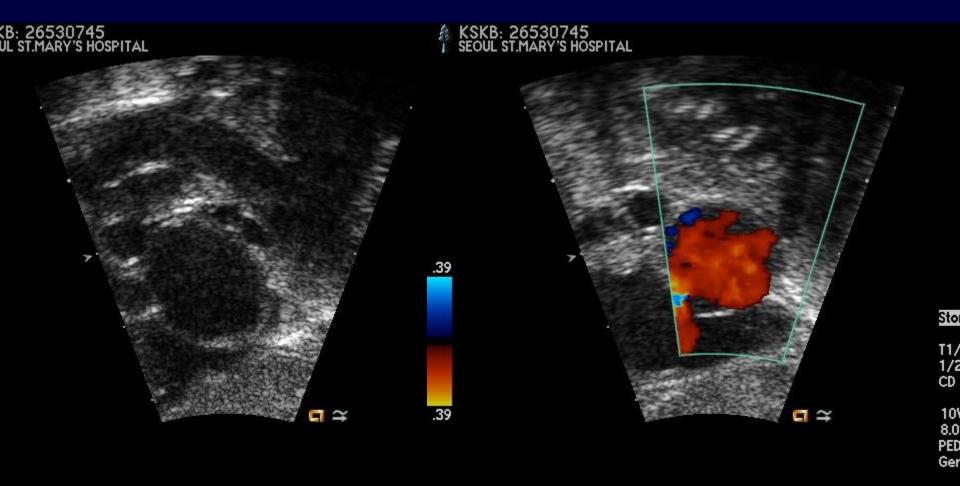
Imaging of pulmonary veins

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





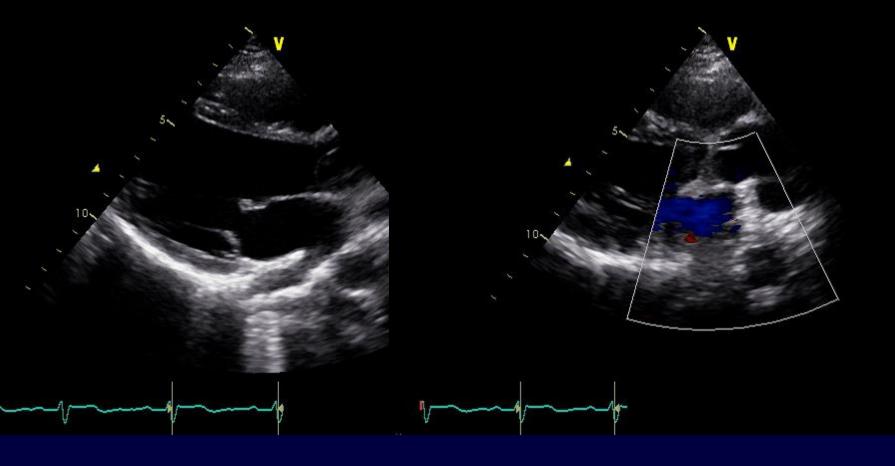




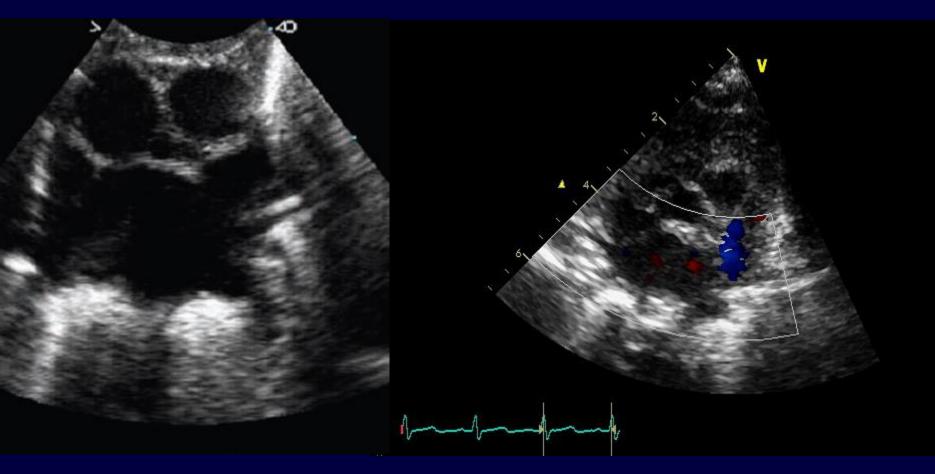
Pulmonary veins 4-C or 5-C view



Pulmonary veins Parasternal long axis



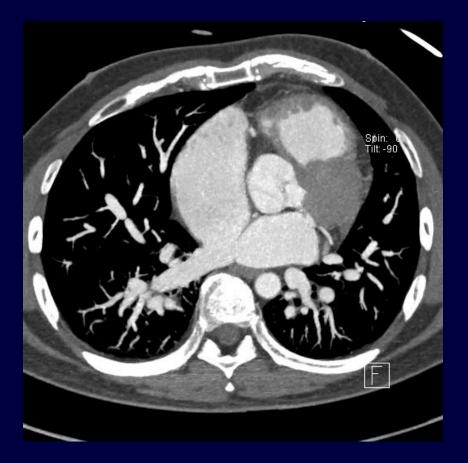
Pulmonary veins High parasternal short axis ("crab view")

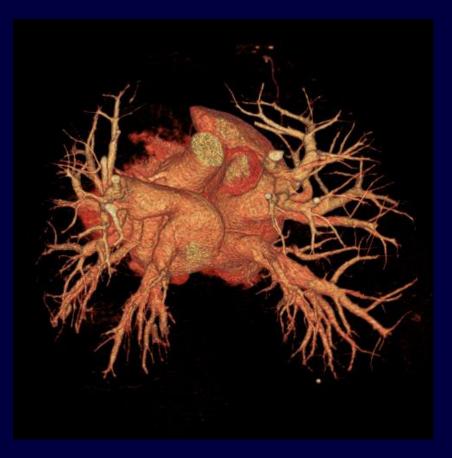


Terminology

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

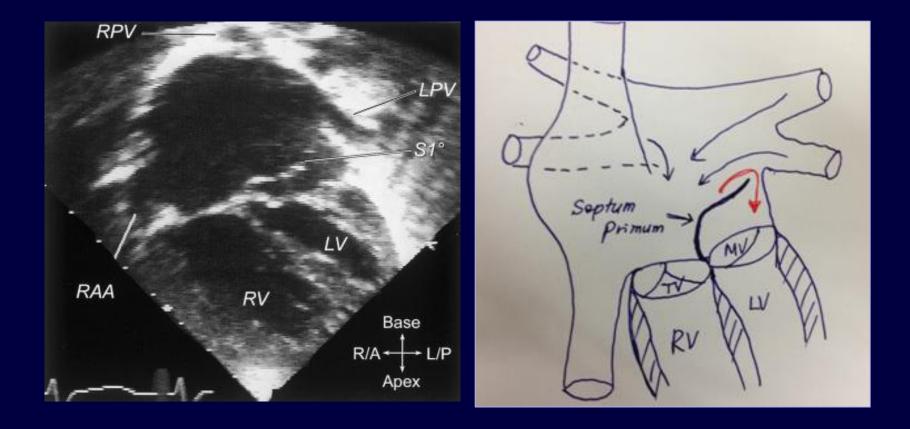
Normal connection with abnormal drainage





Sinus venosus defect

Normal connection with abnormal drainage

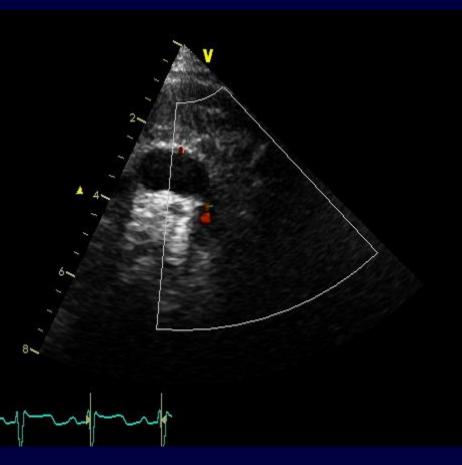


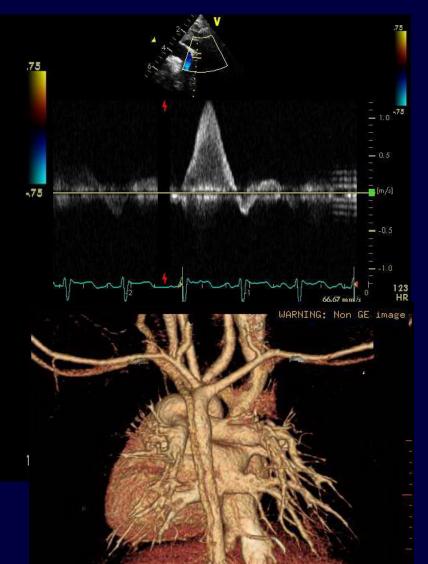
Abnormal connection



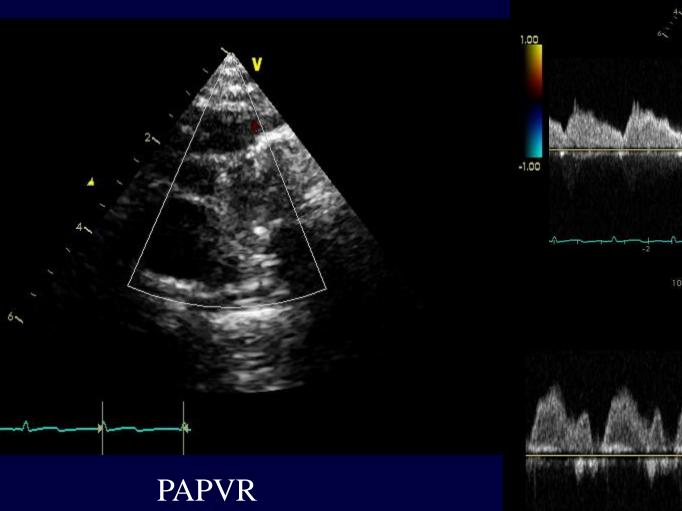


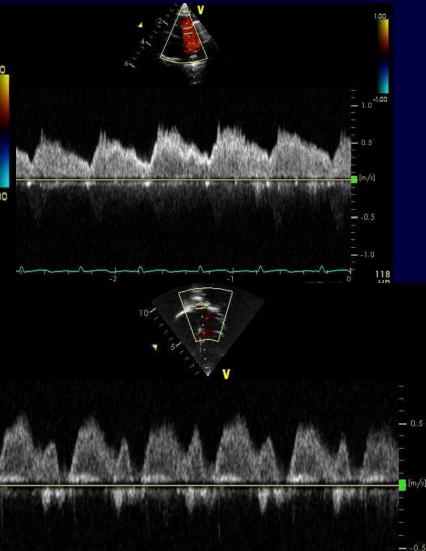
Flow into innominate vein



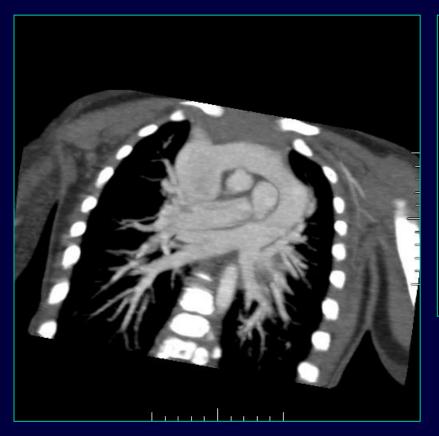


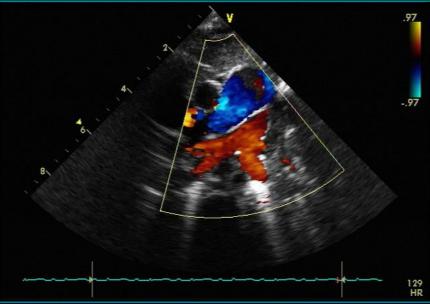
Flow into innominate vein





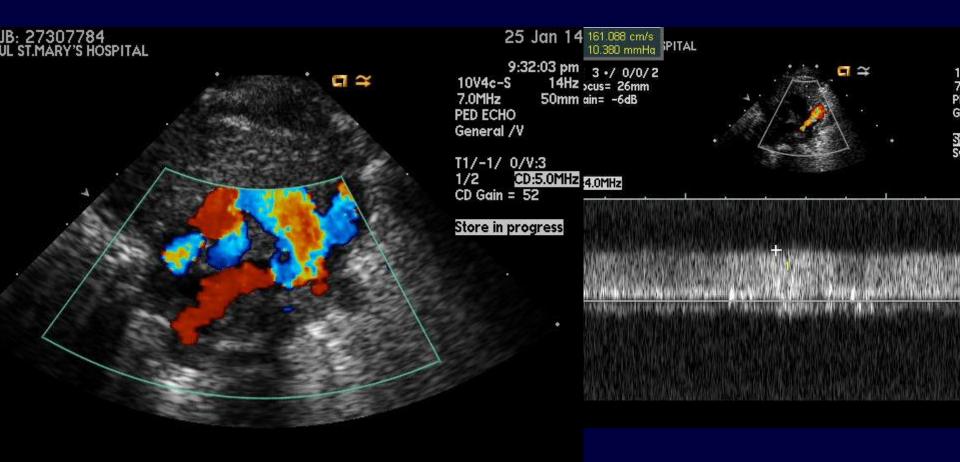
Female, 4 months





유정진 선생님 제공

Flow into innominate vein

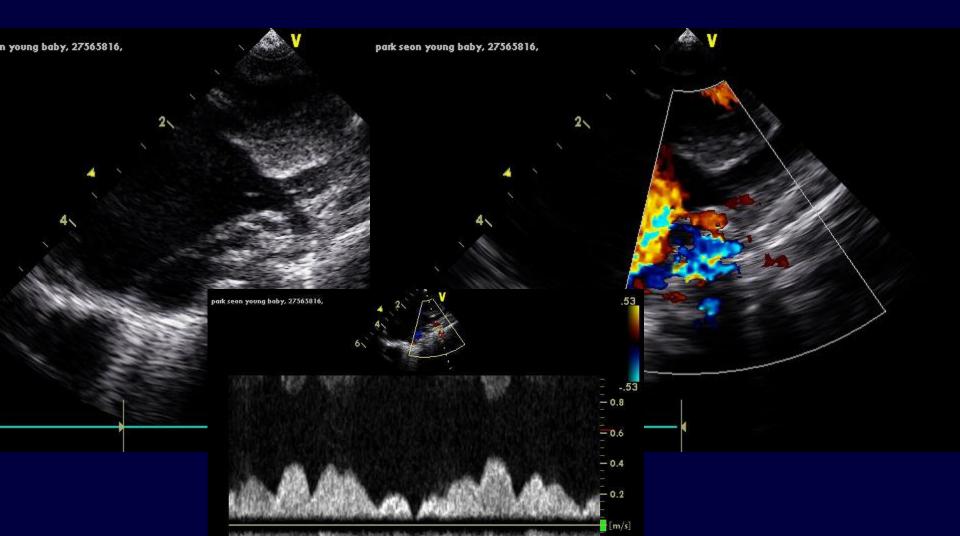


TAPVR with obstruction

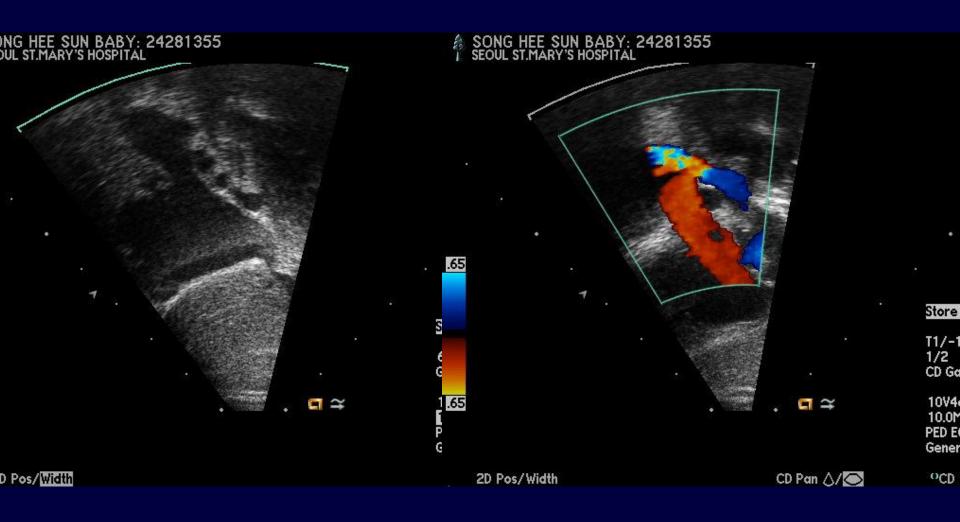
CD Pan 👌 💽

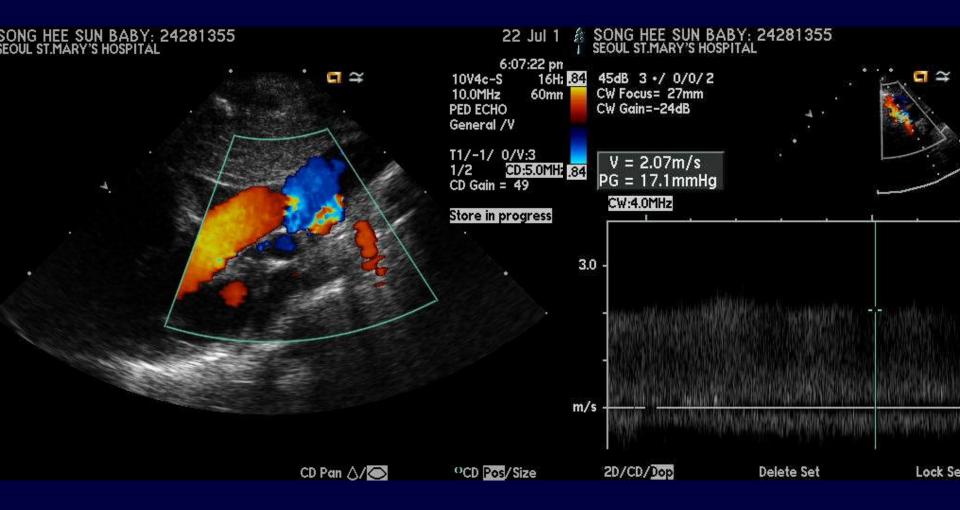
OCD Pos/Size

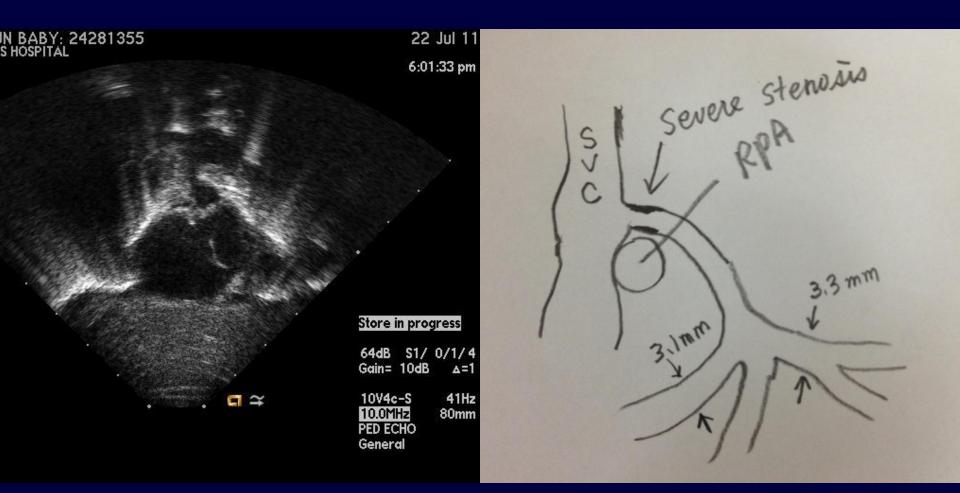
Flow into SVC

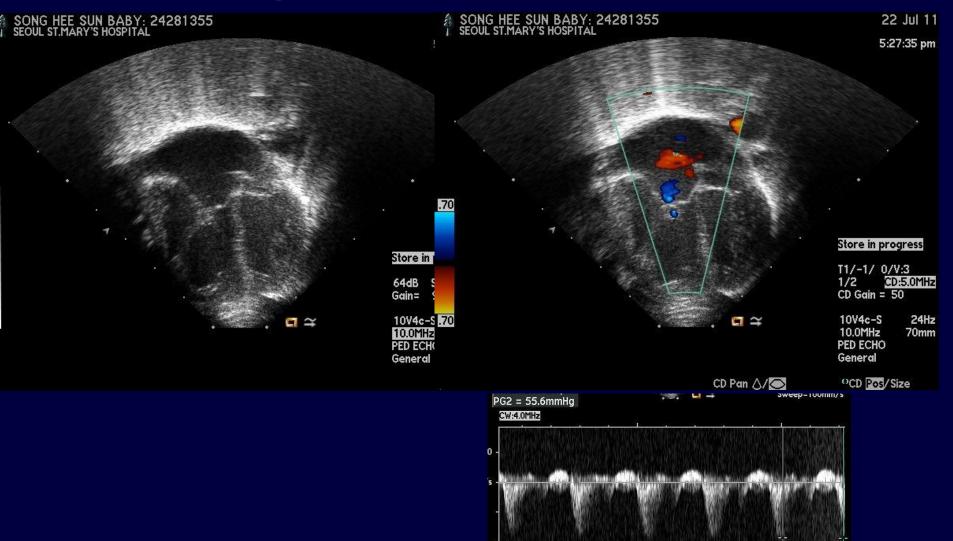


Flow into SVC

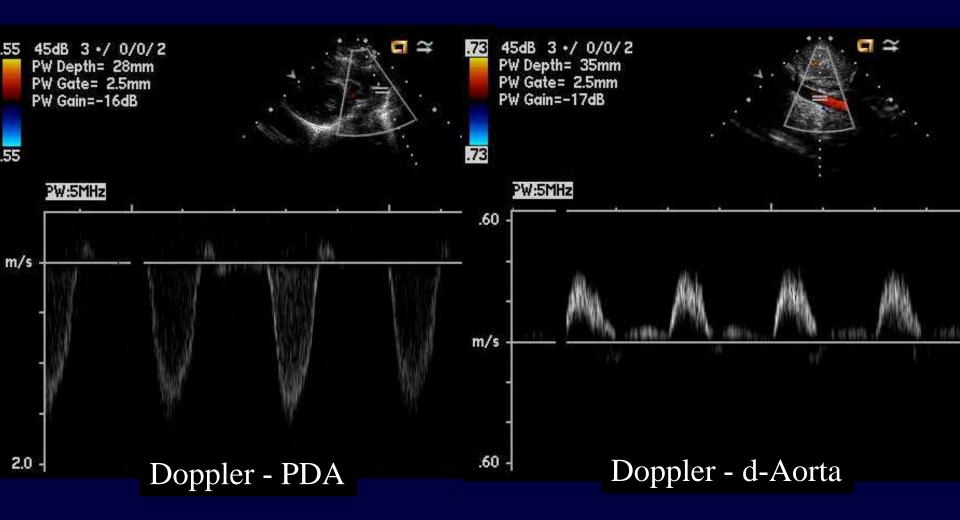






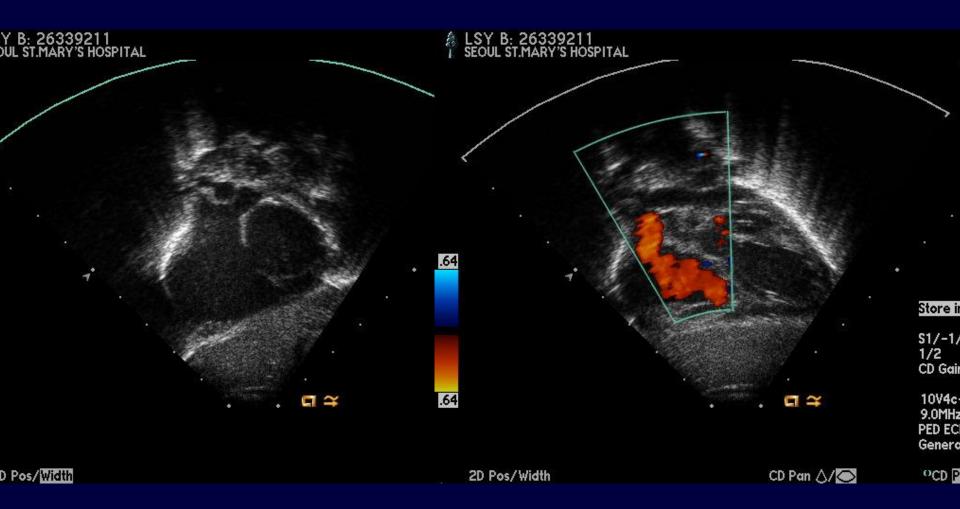




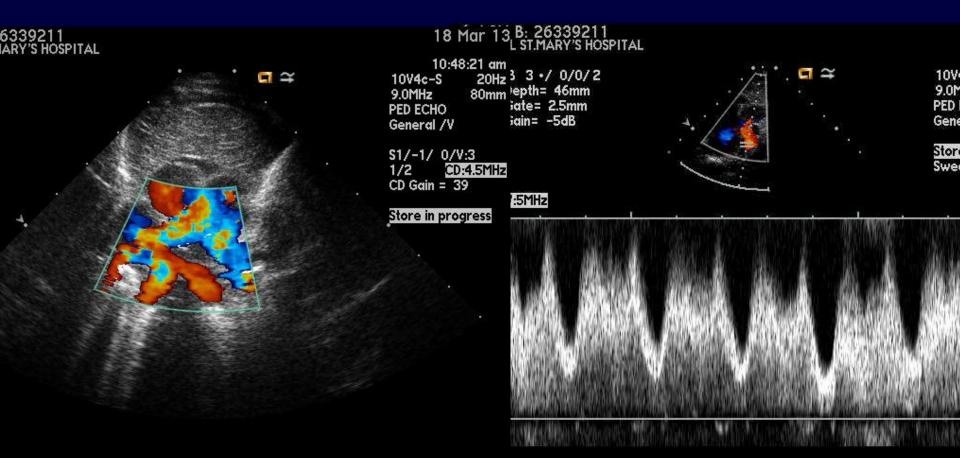




TAPVR

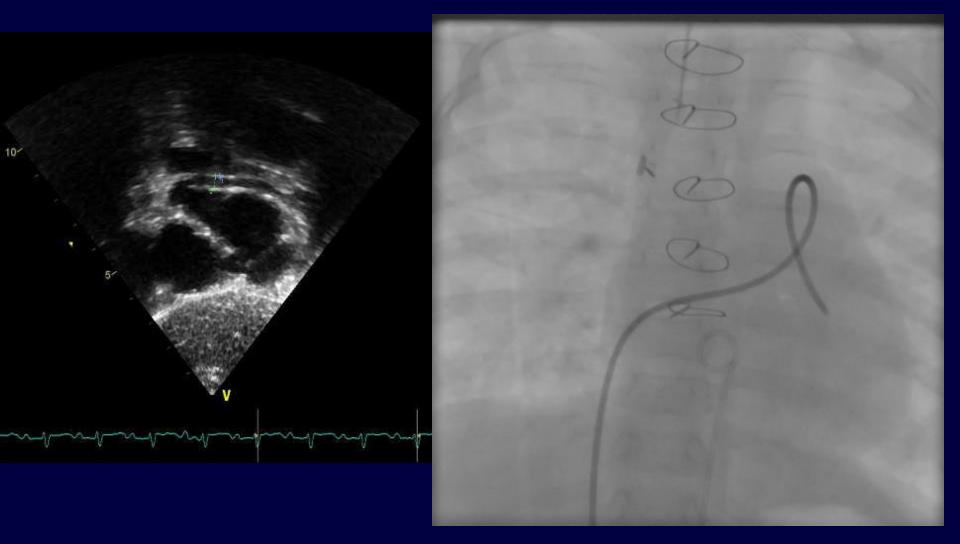


TAPVR



OCD Pos/Size

TAPVR

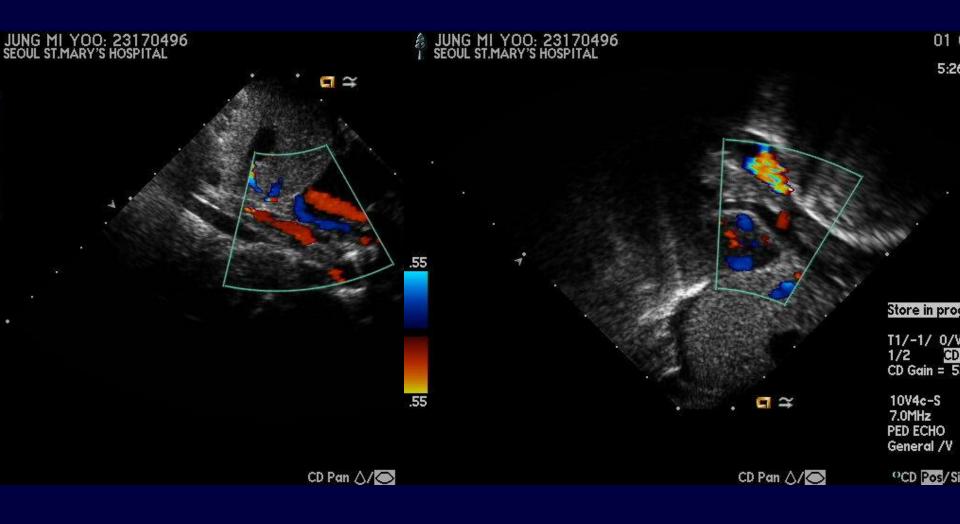


Abnormal flow penetrating diaphragm

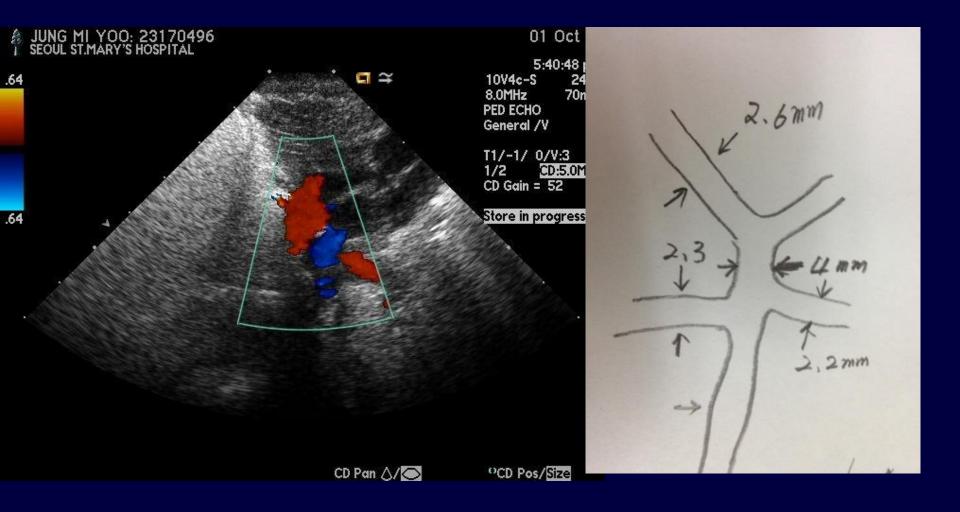


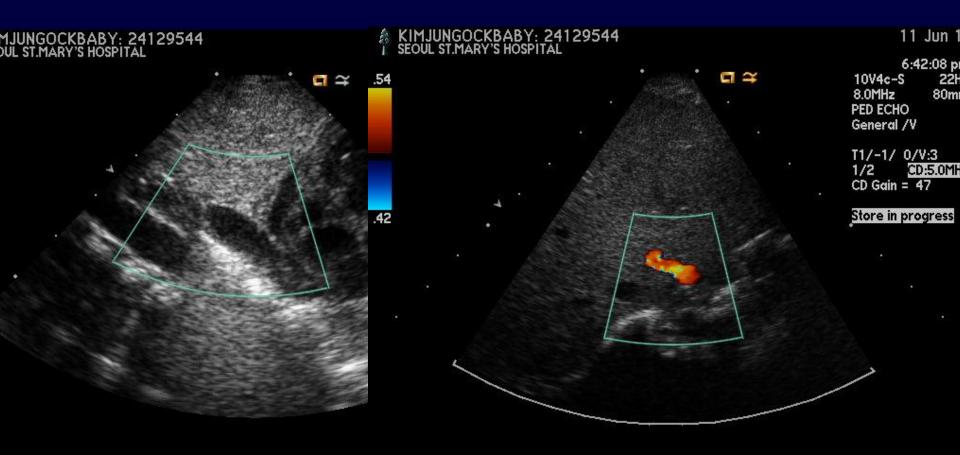
OCD Pos

Infracardiac TAPVR



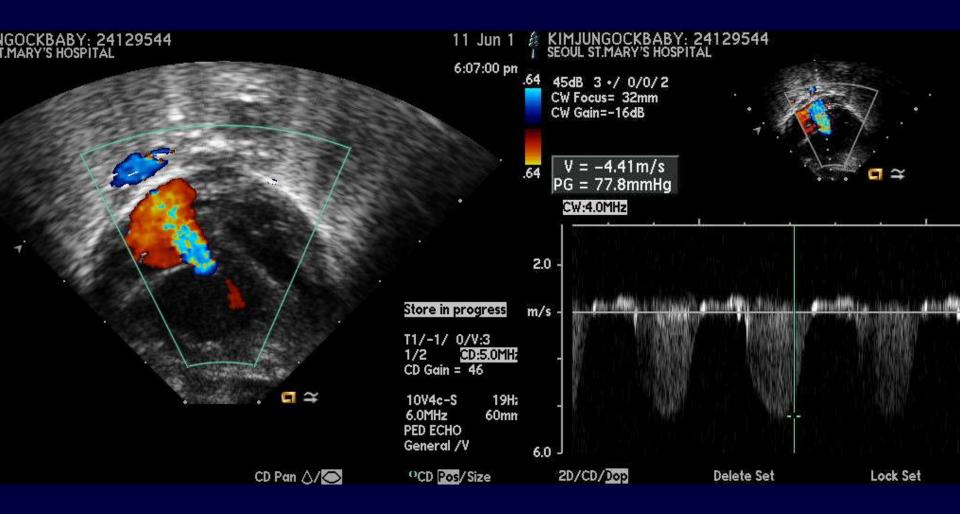
Infracardiac TAPVR

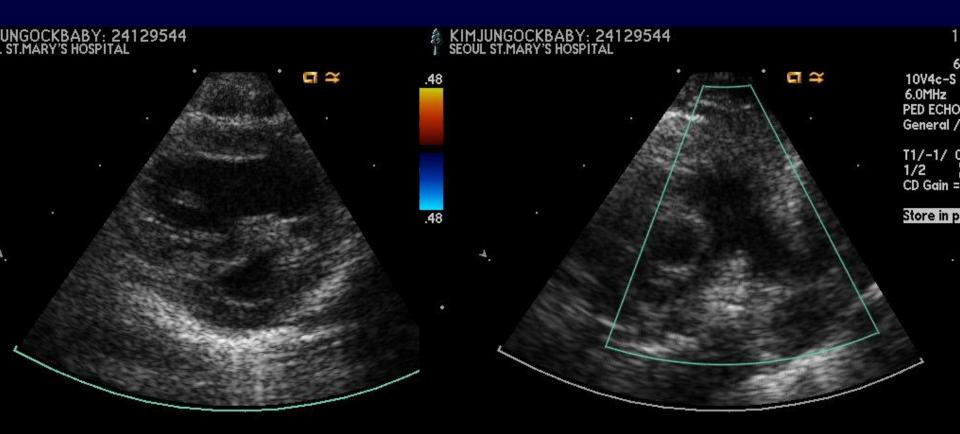




CD Pan 👌 💽

OCD Pos/Size

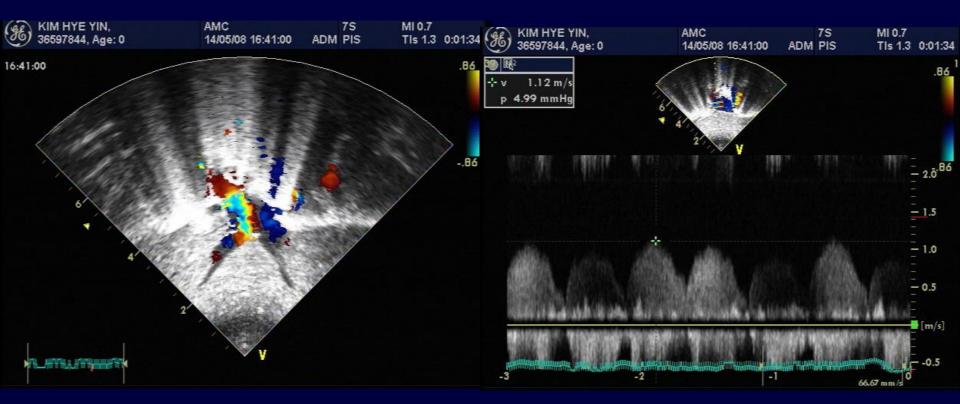






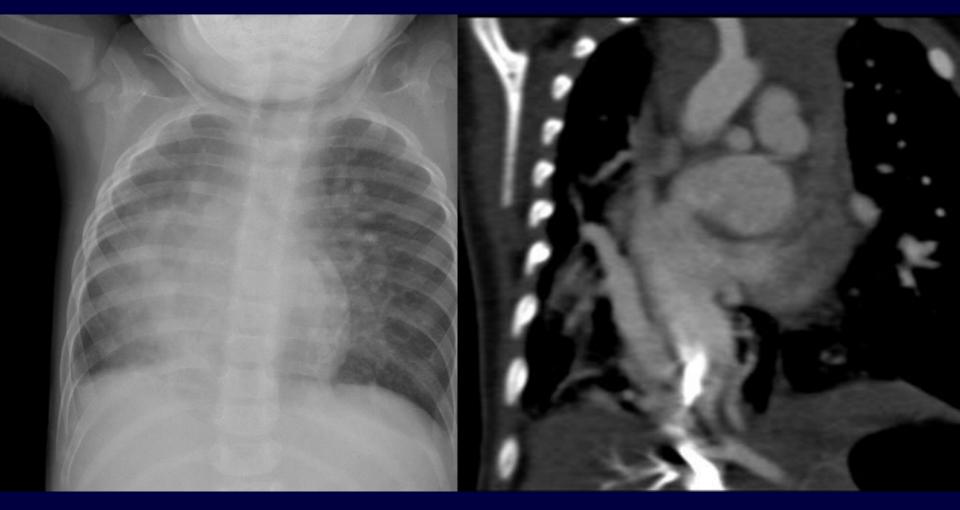


Abnormal flow into IVC



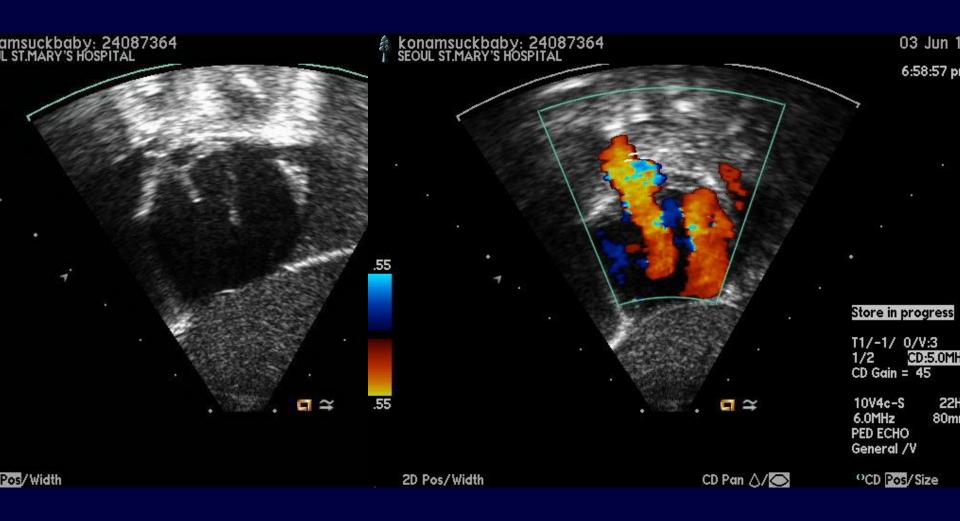
유정진 선생님 제공

Scimitar syndrome

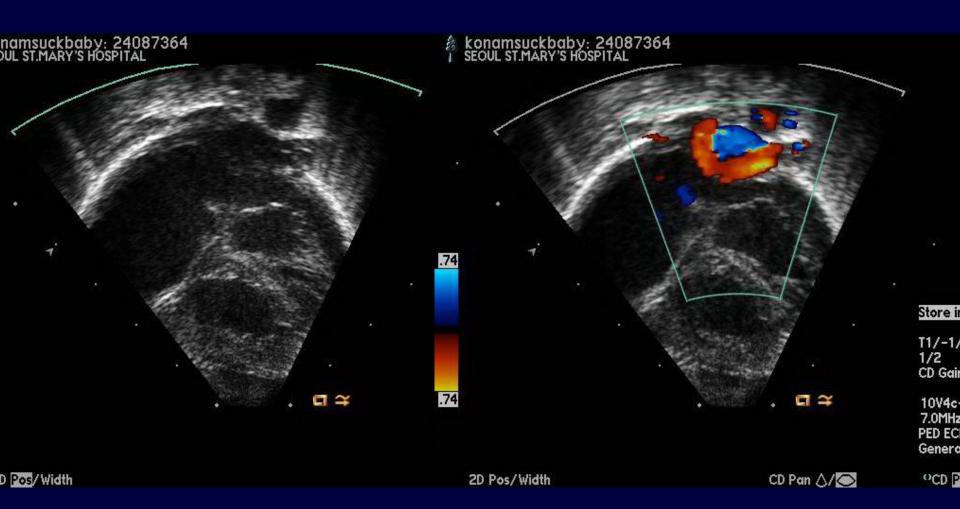


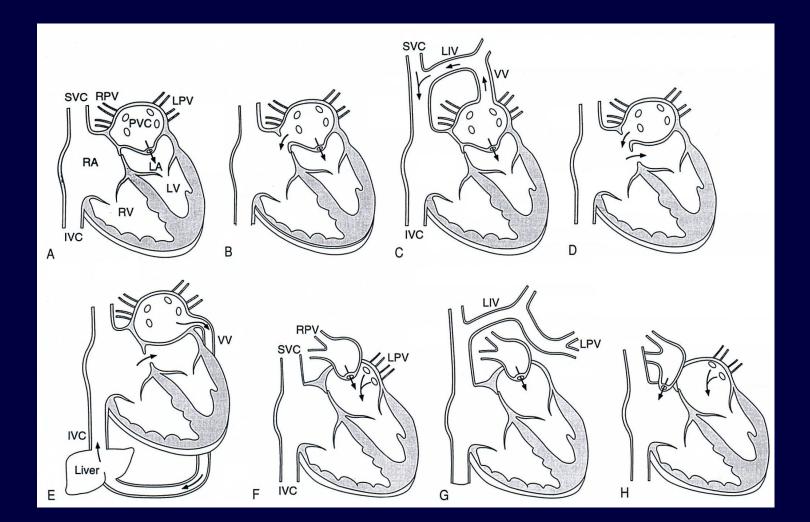
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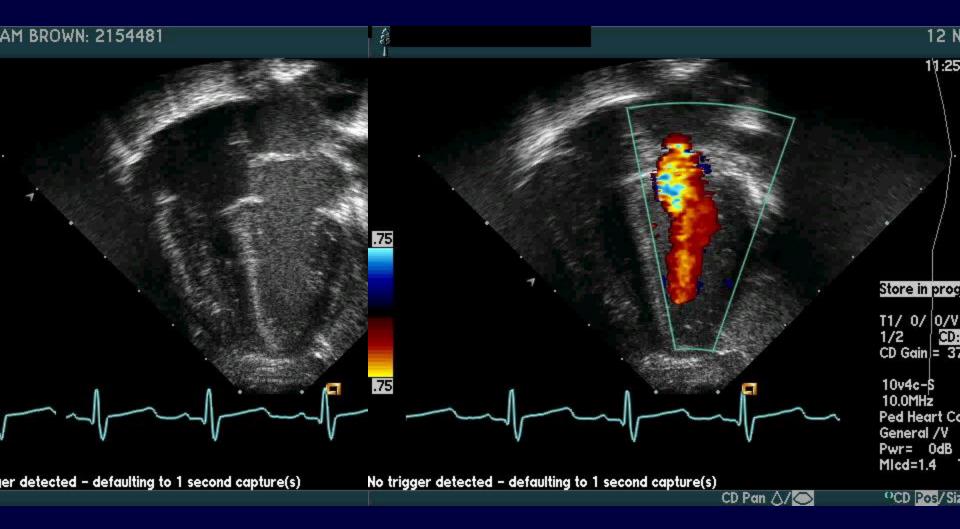
Cardiac TAPVR

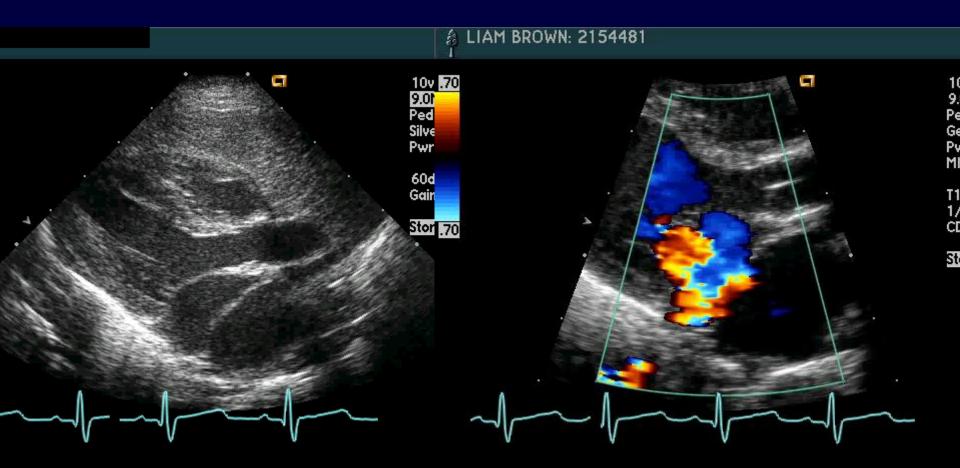


Cardiac TAPVR

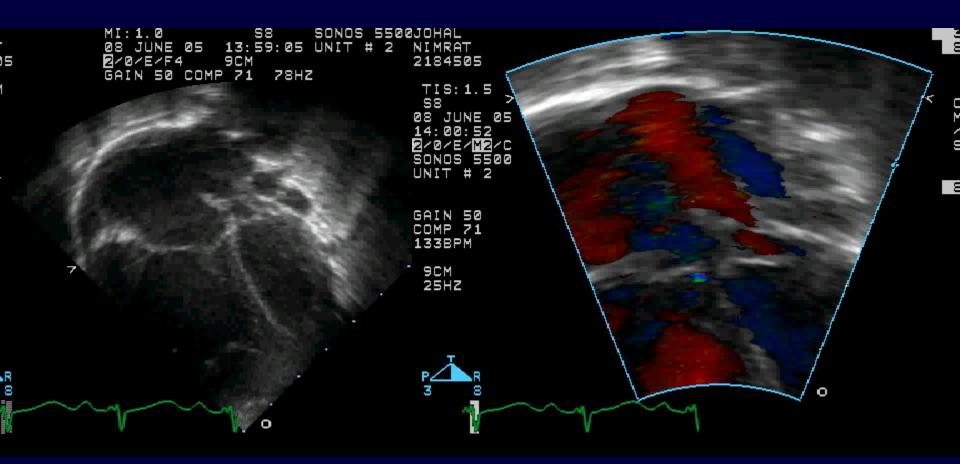




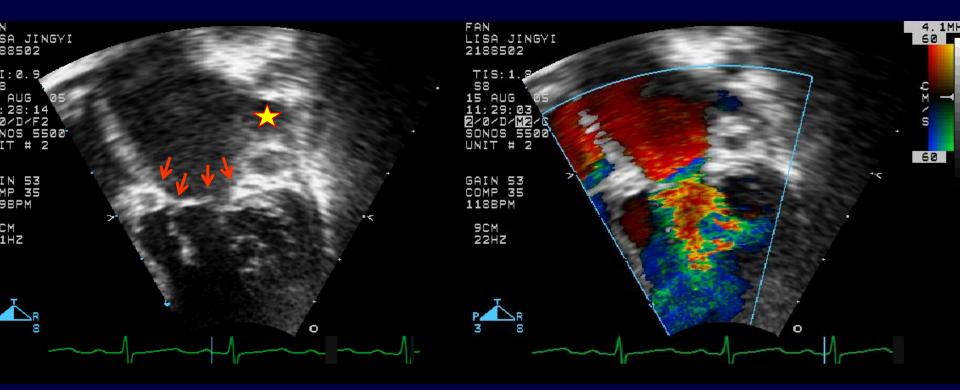




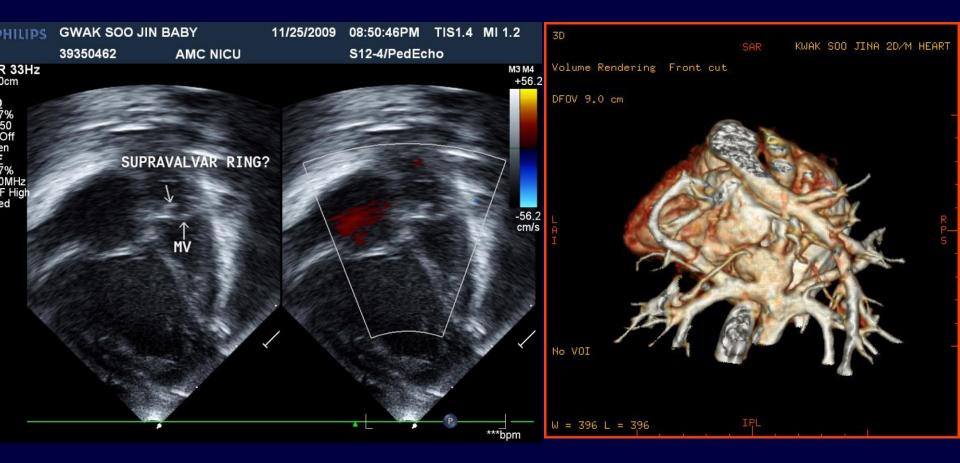
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Supramitral ring

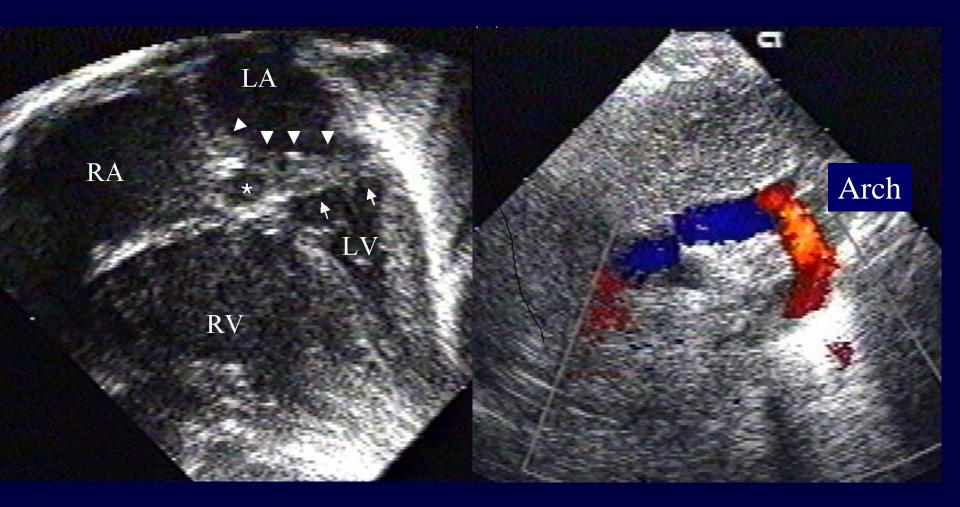


HLHS? Supramitral ring?

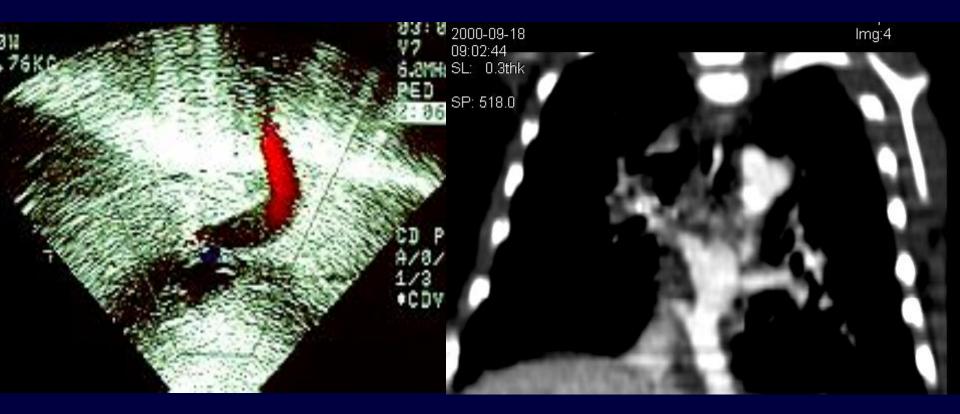


유정진 선생님 제공

Mitral atresia? HLHS?

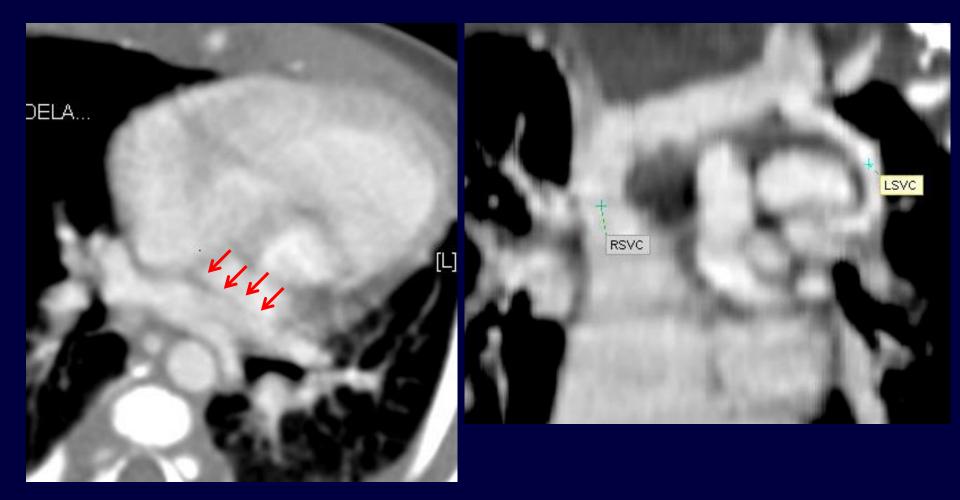


Cor triatriatum with TAPVR & functional MA

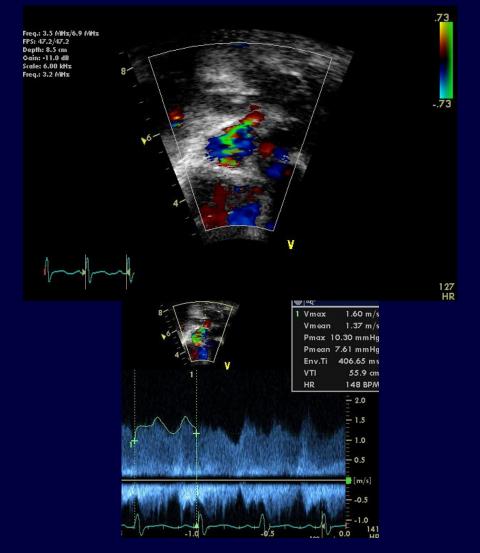


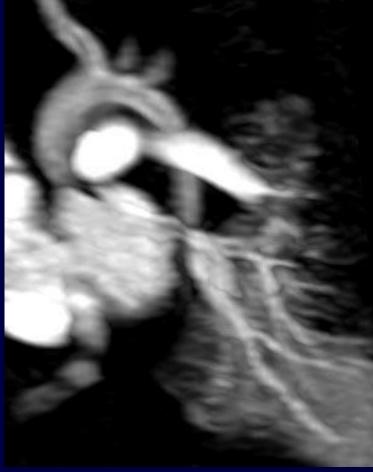
Vertical vein into HV with obstruction

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

