

Pulmonary Venous Varix Presenting as a Pulmonary Nodule



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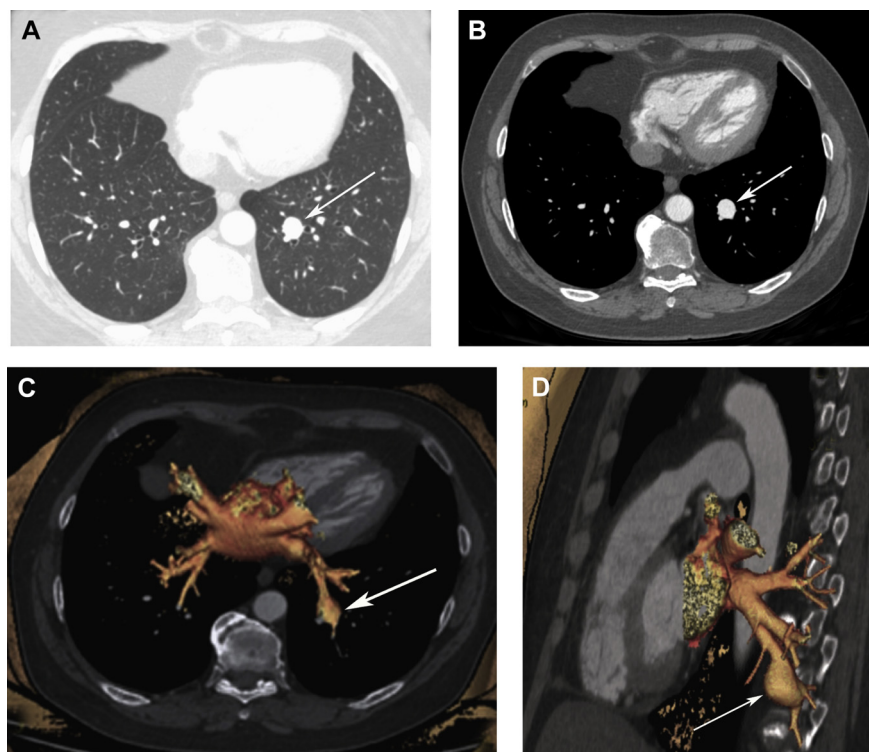


Fig 1.

We report a case of pulmonary venous varix presenting as a pulmonary nodule, with an initially difficult differential diagnosis including pulmonary metastasis and lung cancer. A 58-year-old male smoker (100 packs/year) underwent chest radiography as part of the staging of colonic cancer, which revealed a pulmonary nodule in the left lower lobe. The result of the clinical examination, laboratory tests, and fiberoptic bronchoscopy were normal. Contrast-enhanced computed tomography showed that the nodular opacity represented a dilated vascular structure in the left lower lobe, emptying into the left atrium (Fig 1). The final diagnosis was pulmonary venous varix (PVV). After 2 years, the patient remains asymptomatic.

PVV is a rare entity characterized by localized enlargement (aneurysmal dilatation) of a pulmonary

vein. It is an uncommon cause of solitary pulmonary nodules discovered incidentally on chest radiography. The diagnosis is based on the demonstration of an enlarged vein draining into the left atrium with no arterial abnormality [1].

Most cases of PVV are asymptomatic, and the lesions remain stable with benign evolution, especially in the absence of pulmonary venous hypertension. Thus, treatment is usually unnecessary once the correct diagnosis is established. However, complications including recurrent infection, rupture, thromboembolism, cerebral infarction, and hemoptysis can occur. PVVs that increase in size or show a risk of complication are candidates for surgical intervention [1].

Reference

1. Kumazoe H, Komori M, Ochiai R, Egashira R, Nakazono T, Kudo S. Pulmonary varix mimicking arteriovenous malformation. *Clin Imaging* 2008;32:61-4.

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