IMAGE IN CARDIOLOGY

Pulmonary dissection during diagnostic pulmonary angiography
Dissecção pulmonar durante uma angiografia pulmonar diagnóstica

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A 50-year-old woman with a history of deep venous thrombosis presented to our clinic for evaluation of pulmonary hypertension. On examination, she had a strong pulmonary component of the second heart sound and a grade 2/6 systolic murmur on the left sternal border. Echocardiography revealed severe right ventricular dilatation, with mildly depressed function and severe tricuspid regurgitation. Estimated pulmonary artery systolic pressure was 52 mmHg. Contrast-enhanced chest computed tomography suggested the presence of thrombi in the pulmonary vasculature.

Right heart catheterization through the right femoral vein was then performed to confirm the clinical suspicion of chronic thromboembolic pulmonary hypertension and to assess operability. Access to the proximal segment of the right pulmonary artery was obtained using a 5-French NIH catheter. A 40-ml bolus of contrast material was then injected into the right pulmonary artery at a rate of 15 ml/s (Supplementary Video 1). A small amount of subintimal opacification was seen after clearance of the contrast, a finding suggestive of iatrogenic pulmonary artery dissec-

Figure 1 Subintimal opacification (arrow) after contrast clearance in the right pulmonary artery, indicating a small dissection. The pulmonary arteriography is suggestive of chronic thromboembolic disease.

Conflicts of interest
The authors have no conflicts of interest to declare.

Appendix A. Supplementary data