



# A bilharzial pulmonary artery aneurysm with a large calcified mural thrombus

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Received: 29 August 2018 / Accepted: 3 September 2018 / Published online: 7 September 2018  
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## Abstract

Although very rarely encountered nowadays, bilharziasis should still be considered as one of the main causes of pulmonary artery aneurysms (PAA) and core-pulmonale in endemic areas. The ideal treatment of PAA remains uncertain because there is no clear consensus about the best therapeutic approach, due to limited experience because of the rarity of the disease. Still the management of pulmonary artery thrombus is only through proper anticoagulation and follow-up with a very limited role for surgery.

**Keywords** Bilharziasis · Pulmonary artery aneurysm · Mural thrombi · Corepulmonale

## Case report

A 50-year old female patient with a history of treated bilharziasis since early childhood complaining of recurrent attacks of stitching chest pain and exertional dyspnea. On examination, pansystolic murmur over the tricuspid area with a diastolic murmur over the pulmonary area indicating tricuspid and pulmonary regurgitation. Transthoracic echocardiography showed dilated right-side chambers with right ventricular hypertrophy (Fig. 1 panel a) with severe tricuspid valve regurgitation showing a transvalvular peak

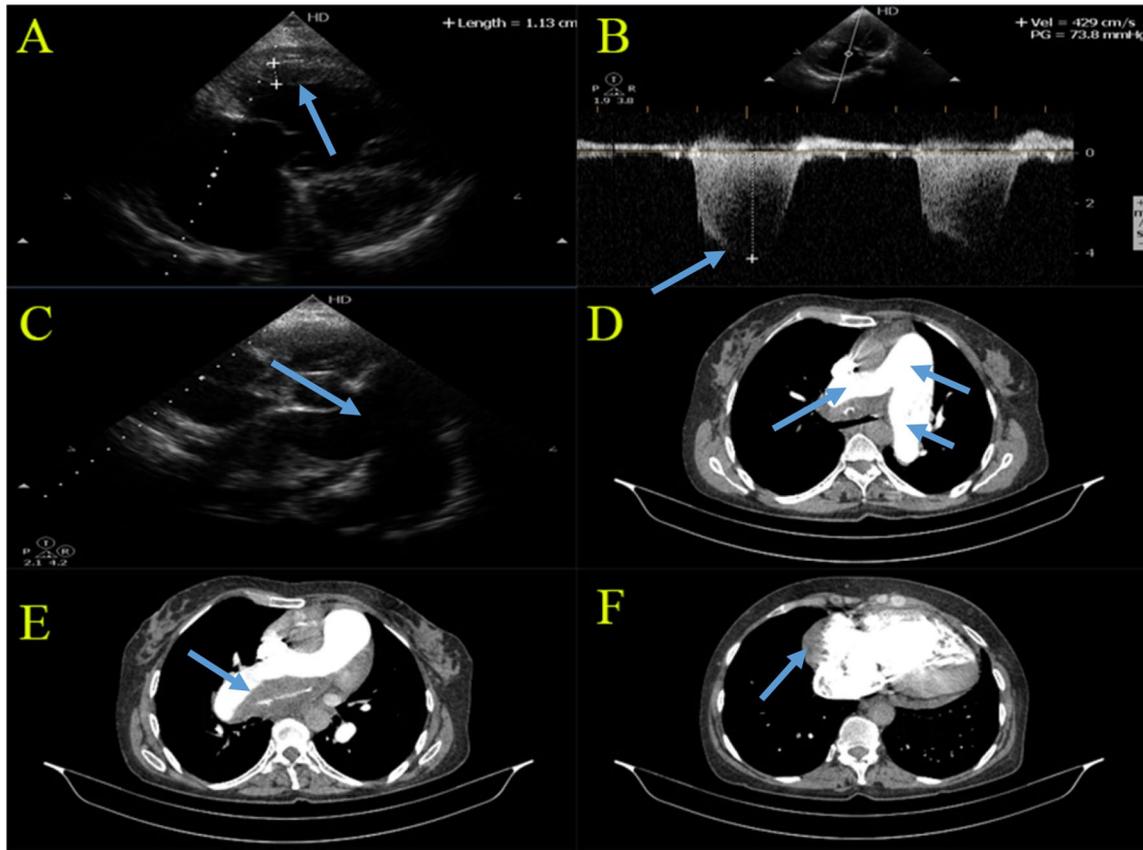
systolic gradient of 74 mmHg (Fig. 1 panel b) with dilated main pulmonary artery and branches (Fig. 1 panel c) Multislice computed tomography chest with pulmonary angiography showed aneurysmal dilatation of the main, right and left pulmonary arteries (Fig. 1 panel d) as well as mural thrombotic changes with calcifications in a right main pulmonary artery aneurysm measuring 6.5 cm (Fig. 1 panel e) also, a right atrial mural thrombus was noted (Fig. 1 panel f). She was discharged on anticoagulation and a close follow-up. Although very rarely encountered nowadays, bilharziasis should still be considered as one of the main causes of

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**Fig. 1** TTE and MSCT of a pulmonary artery aneurysm with subsequent pulmonary hypertension

pulmonary artery aneurysms (PAA) and core-pulmonale in endemic areas. Still the management of pulmonary artery thrombus is only through proper anticoagulation and follow-up with a very limited role for surgery.

### Compliance with ethical standards

**Conflict of interest** Authors declare no conflict of interest.