

Isolated unilateral absence of the pulmonary artery

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A 30-year-old woman presented with fever, productive cough, and dyspnoea for 5 days. Basal crackles over the left hemithorax and slightly decreased breath sounds on the right side were noted. Her oxygen saturation in ambient air was 94%. Chest X-ray demonstrated increased interstitial infiltration in the left lung, and left pulmonary trunk engorgement, tracheal deviation to the right side, and decreased right lung markings and volume were noticed (**Figure 1a**). Chest computed tomography (**Figure 1b**) and reconstructed angiography (**Figure 1c**) confirmed the presence of an interrupted right pulmonary artery. Left lung pneumonia and right unilateral absence of the pulmonary artery were diagnosed, and the patient made an uneventful recovery.

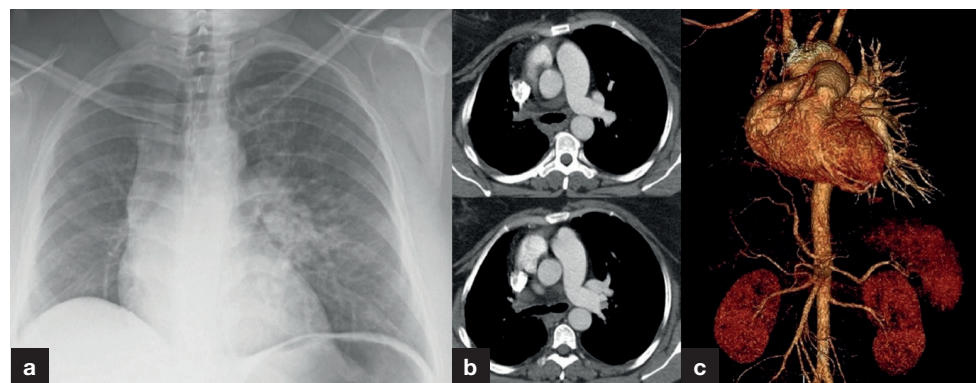


Figure 1. a. Chest X-ray demonstrating engorged left pulmonary trunk and decreased right lung markings; (b) computed tomography and (c) reconstructed angiography showing interruption of the right pulmonary artery.

Unilateral absence of the pulmonary artery is a congenital malformation, and the prevalence has been estimated as 1 in 200 000–300 000 (Kruzliak et al, 2013). Symptoms of unilateral absence of the pulmonary artery include haemoptysis (40%), exertional dyspnoea (40%) and recurrent respiratory infection (35%); however, it is commonly detected incidentally during imaging.

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Reference

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