

Also, multiple echolucent areas with sparse solid tissue were visualized within the mass (Fig. 2, Video 2. See corresponding video/movie images at www.anakarder.com). Palliative therapy was planned due to bone metastasis, diffuse local invasion of other mediastinal and vascular structures.

Cardiac hemangioendothelioma is an extremely rare cardiac tumor with high vascularity and sparse solid tissue at histopathological examination. Although 2D echo provides considerable anatomic data regarding intracardiac masses, complex spatial location and extension of these masses may be better defined by 3D echo. It may also give information about mass structure, such as multiple echolucent areas compatible with high level of vascularity within tumor mass. Therefore, 3D-echo may provide better information before planning surgery of intracardiac masses.

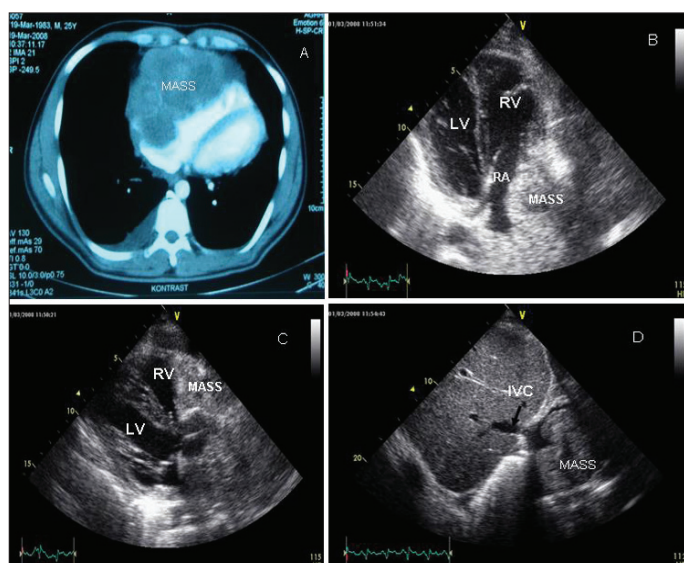


Figure 1. A) Thorax computed tomography view of a lobulated mass located at anterior mediastinum. B) A two-dimensional echocardiographic apical four-chamber window view of a mass. C) The view of the same mass from parasternal long-axis and subcostal (D) views
IVC- inferior vena cava, LA- left atrium, RA- right atrium, RV- right ventricle

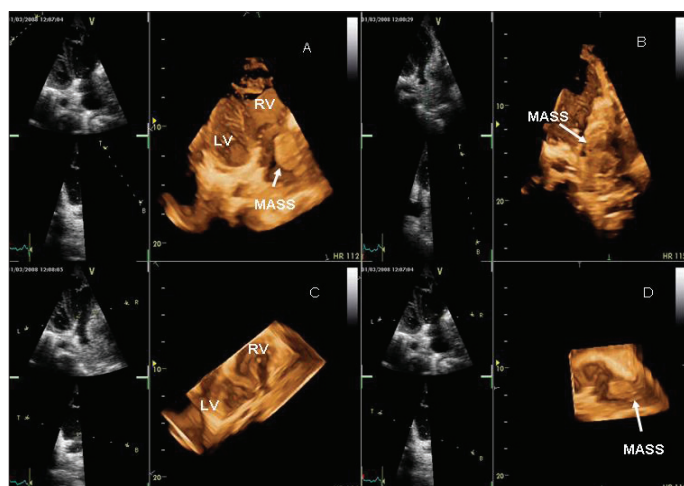


Figure 2. A-D) A three-dimensional echocardiogram showing mass in the right atrial cavity B) Frontal plane sections of the mass viewed en face, also demonstrating multiple echolucent areas C) Transverse plane section of the mass

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doi:10.5152/akd.2010.054

Coronary artery bypass in a patient with Swyer-James syndrome due to pulmonary tuberculosis

Pulmoner tüberküloza bağlı Swyer-James sendromlu bir hastada koroner arter baypas olgusu

Swyer-James syndrome (SJS) is a result of post infectious obliterative bronchiolitis. In SJS, the involved lung or portion of the lung does



Figure 1. The chest X-ray image of a patient with Swyer-James syndrome

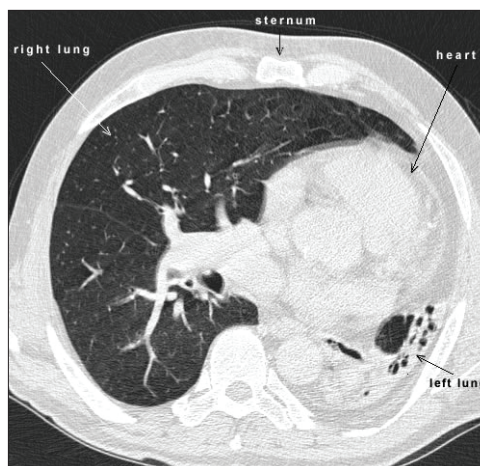


Figure 2. Thoracic computed tomography demonstrating hyperlucency, reduced volume, diminished vascularity in left lung in a patient with Swyer-James syndrome

not grow normally and is smaller than the opposite lung. A 66-year-old man with a history of treated pulmonary tuberculosis 43 years ago was hospitalized for coronary artery bypass graft (CABG) surgery. He had decreased breath sounds in the left hemithorax on auscultation. Chest X-ray (Fig. 1) and computed tomography (Fig. 2) revealed the characteristic radiographic appearance of SJS including hyperlucency, reduced left lung volume, diminished vascularity, bronchiectasis and deviation of the heart into the left hemithorax. No tumoral growth can be seen in these images. Forced expiratory volume in the first second (FEV₁) was 61%, FVC (forced vital capacity) was 69%, FEV₁/FVC ratio was 70% in the respiratory function tests. PH was 7.4, PCO₂ was 35 mmHg, PO₂ was 81 mmHg in blood gas analysis.

The left internal mammarian harvesting was not affected by the right lung, which runs over to the left hemithorax in operation. Three-vessel CABG surgery including one saphenous vein graft to the intermediate artery was performed using the bypass pump with median ster-

notomy. Because of the leftward deviation of the heart, one can encounter difficulty performing the anastomosis of intermediate artery. He was discharged on the 6th postoperative day without any problem. As a result, although CABG operation was successfully performed in this patient with median sternotomy, the left anterior thoracotomy with femoral artery cannulation may be a better approach in such patients.

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doi:10.5152/akd.2010.055