CLINICAL SNAPSHOT

Pulmonary Arteriovenous Malformation

A 28-year-old previously healthy woman in the third trimester of pregnancy presented with hemoptysis ("mouth repeatedly full of blood"). Bronchoscopy showed diffuse right bronchial bleeding associated with transient gas-exchange disorder. Clinical examination revealed a low likelihood of pulmonary embolism, duplex sonography of the leg veins was negative, and echocardiography showed no abnormalities. Despite the patient's pregnancy we carried out contrast-enhanced thoracic computed tomography to detect, for example, any pulmonary vascular malformation. A shunt between the right bronchial

1) Aorta; 2) right bronchial artery; 3) right pulmonary vein (upper lobe); 4) shunt

artery and the pulmonary vein, visualized due to suboptimal contrast enhancement, was treated with catheter-assisted coiling. The bleeding ceased, and 10 weeks later the patient gave birth to a healthy girl. Rupture of a pulmonary arteriovenous malformation (PAVM) is a life-threatening event that occurs more frequently during pregnancy. Hormone-induced angiogenesis has been proposed as a possible cause. There have been only few reports of PAVMs from bronchial arteries. In our patient the malformation would probably have gone undetected if the contrast enhancement had not been inadequate. Because of its exposure to contrast medium, the newborn child should undergo thyroid function testing.

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