

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: <http://Elsevier.com/locate/radcr>

Multisystem

Hemiazygous-accessory hemiazygous continuation of double inferior vena cava

Alexandre Semionov MD, PhD*, Karl Sayegh MD, John Kosiuk MD

McGill University Health Centre, Department of Diagnostic Radiology, Montreal General Hospital, 1650 Cedar Avenue, Montreal, QC H3G 1A4, Canada

ARTICLE INFO

Article history:

Received 1 July 2017

Received in revised form 22 August 2017

Accepted 28 August 2017

Available online

Keywords:

Hemiazygous-accessory
Hemiazygous continuation of
double IVC

ABSTRACT

We report a case of hemiazygous-accessory hemiazygous continuation of a double IVC with absent azygous vein, incidentally discovered in an adult patient.

© 2017 the Authors. Published by Elsevier Inc. under copyright license from the University of Washington. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Whereas congenital abnormalities of the infradiaphragmatic systemic venous return, such as a double inferior vena cava (IVC) or an azygous continuation of the interrupted IVC, are relatively common, certain anatomic variants are exceedingly rare. Here we report a case of an extremely rare variant of a hemiazygous-accessory hemiazygous continuation of a double IVC with an absent azygous vein in an adult female patient. Recognition of such venous anomaly is important as it may simulate pathology on imaging, may have significant implications for central venous catheterization and surgical planning, and may be sometimes associated with congenital heart disease, heterotaxy, and increased risk of venous thromboembolism.

Case presentation

An adult woman, known for Parkinson disease and a surgical history of remote cholecystectomy, hysterectomy, and left breast lumpectomy with left axillary dissection, underwent various imaging studies in our institution between 58 and 64 years of age. At the age of 67, the patient was diagnosed with acute myeloid leukemia, which led to more diagnostic imaging and radiological monitoring of the disease and treatment-related complications.

A contrast-enhanced computed tomography of the abdomen and pelvis performed for the investigation of lower abdominal pain, when the patient was 64 years old, demonstrated a double IVC, with a right-sided IVC interrupted at the right renal vein, a retroaortic communication between the infrarenal right

* Corresponding author.

E-mail address: alexandre.semionov@mail.mcgill.ca (A. Semionov).

<https://doi.org/10.1016/j.radcr.2017.08.013>

1930-0433/© 2017 the Authors. Published by Elsevier Inc. under copyright license from the University of Washington. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

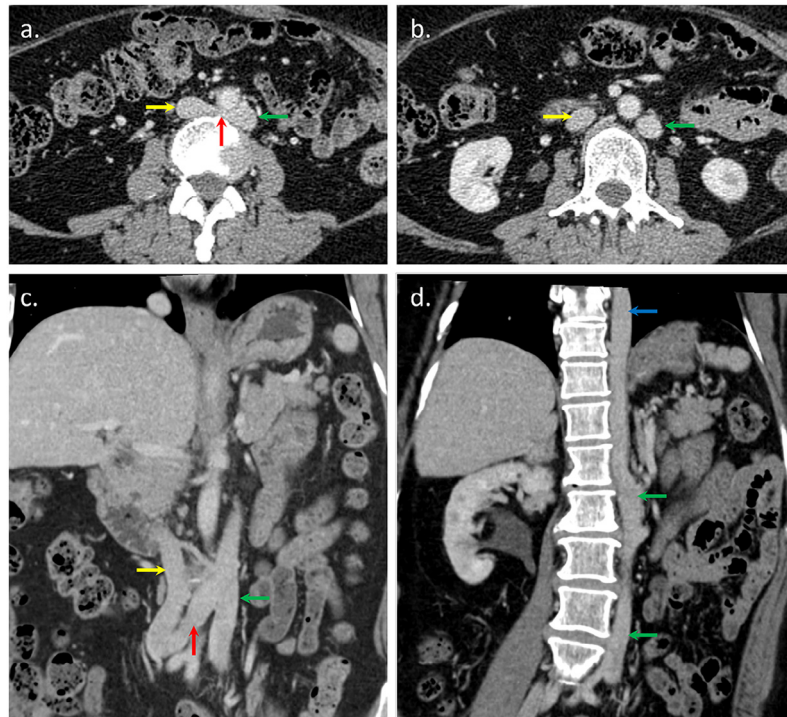


Fig. 1 – Contrast-enhanced axial computed tomography of the abdomen and pelvis (A, B) and coronal oblique reformations (C, D) demonstrate double IVC, with retroaortic communication (red arrows) between the right IVC (yellow arrows) and the left IVC (green arrows), the latter continuous with the enlarged hemiazygous vein (blue arrow). IVC, inferior vena cava.

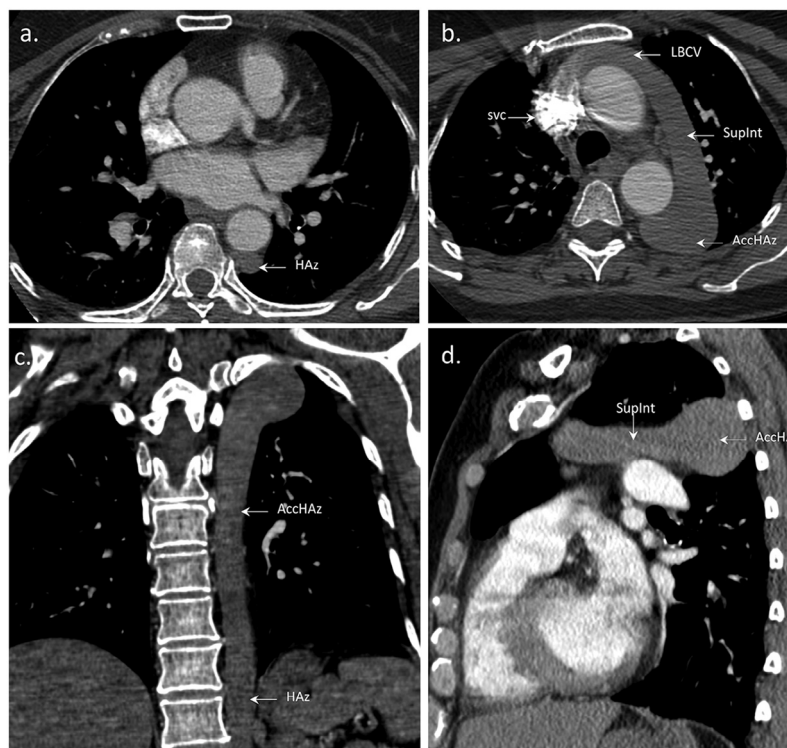


Fig. 2 – Axial computed tomography pulmonary angiography (A, B), coronal oblique (C) and sagittal (D) reformations demonstrate HAZ-AccHAz continuation of the left IVC, draining into the dilated SupInt, which in turn drains into the LBCV and then into the normal right-sided SVC. AccHAz, accessory hemiazygous; HAZ, hemiazygous; IVC, inferior vena cava; LBCV, left brachiocephalic vein; SupInt, superior intercostal vein; SVC, superior vena cava.

Download English Version:

<https://daneshyari.com/en/article/8825299>

Download Persian Version:

<https://daneshyari.com/article/8825299>

[Daneshyari.com](https://daneshyari.com)