

Not your average filling defect

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CASE REPORT

A 72-year-old man presented with progressive dyspnoea and weight loss for two months. He had a 20 pack-year tobacco history. He had not travelled recently. Vital signs were significant for a tachycardia of 102 beats/minute and an oxygen saturation of 95% on room air. The jugular venous pulse was elevated. Cardiopulmonary examination was normal. He had minimal lower extremity oedema. Laboratory evaluation revealed only mild normocytic anaemia. Brain natriuretic peptide was 54 ng/l. A clear chest radiograph prompted computed tomography angiography (CTA) of the chest (*figure 1*).

WHAT IS YOUR DIAGNOSIS?

See page 48 for the answer to this photo quiz.

Figure 1. Axial CTA at the level of bifurcation of the main pulmonary artery demonstrates a large filling defect occupying the entire luminal diameter of the right pulmonary artery with expansion of the artery in that area

