A 35-year-old white woman with a history of migraine headaches and a grade 2 systolic murmur presented with symptoms of slurred speech, left-sided facial droop, and left hemiparesis after a hysterectomy. These symptoms resolved over several days, and in an effort to identify a potential cardiac source of embolism, a transesophageal echocardiogram was performed. Findings were consistent with a right-to-left shunt, with intravenous saline contrast entering the left upper pulmonary vein (Figure 1A). An MRI study of the chest demonstrated a pulmonary arteriovenous malformation (AVM) in the left upper lobe (Figure 1B). The patient underwent pulmonary angiography, which confirmed the pulmonary AVM (Figure 2A) and also identified an additional AVM in the left lower lung.\textsuperscript{1,2} Multiple coils were placed to obliterate both AVMs (Figure 2B). The patient had no physical examination evidence of Osler-Weber-Rendu syndrome, and her systolic murmur was absent after the coil embolization. She was asymptomatic at a 6-month follow-up visit.

References

Figure 1. A, Multiplane transesophageal echocardiogram demonstrating saline contrast entering left upper pulmonary vein (LPV). LAA indicates left atrial appendage. B, MRI demonstrating an AVM (arrow) in anterior region of left upper lung.
Figure 2. A, Pulmonary angiogram showing pulmonary AVM in left upper lung. B, Multiple coils in place to obliterate AVM in left upper lung.
Pulmonary Arteriovenous Malformation
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