A 69-year-old man was admitted to our hospital with dyspnea, thoracic pain, and palpitations. Clinical examination revealed mild peripheral cyanosis. Right bundle branch block and atrial flutter were seen electrocardiographically. There was no sign of myocardial infarction or ischemia. Chest radiographs documented an ill-defined opacity at the left lung together with a metal foreign body (Figure 1). On echocardiography, dilatation of the pulmonary trunk was suspected (not shown). Computer tomography demonstrated a giant aneurysmatic dilatation of the pulmonary trunk and left pulmonary artery (Figure 2).

Further questioning revealed that the patient was wounded by a grenade explosion in 1945. Together with boy friends, he had used the grenade as a toy during a “war game.” According to the patient, his status after injury was uneventful, and no trauma of internal organs had been suspected. In the time from this episode to admission, he had no remarkable complaints. He was discharged in unchanged condition, as he did not wish further investigations in our hospital.

Traumatic aneurysms of the pulmonary arteries after gunshot injuries are very rare and have been reported only sporadically in the literature.1 Furthermore, most of them manifested clinically with acute hemodynamic symptoms immediately after trauma.1 However, delayed presentation of traumatic aneurysm of the pulmonary arteries 30 years after gunshot wound has been also described.2 In our case, however, the delay from injury to clinical manifestation was 60 years. Interestingly, this potentially lethal entity was also silent clinically. In addition, all of the reported pulmonary artery aneurysms were relatively small.1 In our patient, a massive aneurysmatic dilatation of the pulmonary trunk and left pulmonary artery with a maximal lumen of 10 cm was detected.

Disclosures
None.

References

Figure 1. Chest radiographs showing an ill-defined opacity at the left lung with a metal foreign body.
Figure 2. Computed tomography of the thorax documenting a giant aneurysmatic dilatation of the pulmonary trunk and left pulmonary artery.
A Late Presentation of Giant Traumatic Pulmonary Artery Aneurysm
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