A 12-month-old child was evaluated for pulmonary atresia with ventricular septal defect. Assessment of the whole arterial pulmonary arborization was first done by angiography. This examination revealed that the left lung received vascularization by the native pulmonary artery via a central shunt performed during the neonatal period and by 2 aortopulmonary collateral arteries. The positions of these 2 arteries and their spatial relationship with the left bronchus were clearly visualized before unifocalization by 3-dimensional CT.

Figure 1. Visualization of the collateral arteries by angiography. Top, Left superior collateral (s) seems to arise from anterior aspect of aorta from a main truncus with right superior collateral. Bottom, Left inferior collateral (i) seems to arise from left side of aorta; its position from bronchus cannot be evaluated.
Figure 2. Visualization of collateral arteries by three-dimensional CT. A, Left superior collateral (s) arises from anterior aspect of aorta by a main truncus that passes under carena and then appears in front of left bronchus under native pulmonary artery (PA). B, Left inferior collateral (i) arises from left side of aorta, making a loop behind left main truncus, and then crosses inferior aspect of bronchus.
Combined Angiography and Three-Dimensional Computed Tomography for Assessing Systemic-to-Pulmonary Collaterals in Pulmonary Atresia With Ventricular Septal Defect
Emmanuel Le Bret, Loïc Macé, Patrice Dervanian, Thierry Folliguet, Armand Bourriez, Joy Zoghby, Virginie Lambert, Jean Losay, Yves Martin-Bouyer and Jean Yves Neveux

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