

Clinical Image

Alternate Venous Supply and Superior Vena Cava Occlusion in a Patient with Behçet's Disease

Drenaje venoso alternativo y obstrucción de la vena cava superior en un paciente con enfermedad de Behçet

Emine Izgi, Hayri Ogul*

Department of Radiology, Faculty of Medicine, Ataturk University, Erzurum, Turkey

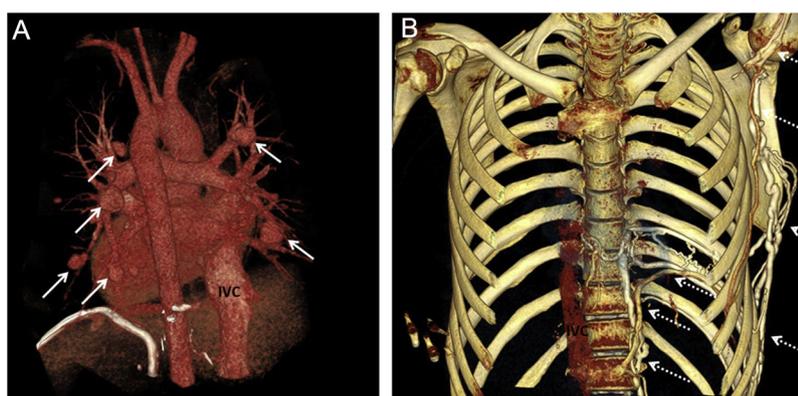


Figure 1. (A) Posterior view 3D volume rendering pulmonary CT angiography demonstrates multiple pulmonary artery aneurysms (arrows). (B) Anterior view 3D volume rendering CT angiography reveals enlarged collateral vessels in the left hemithorax wall and paravertebral areas (dashed arrows). Contrast media performed from left upper extremity reaches the inferior vena cava (IVC) and right atrium via these collateral vessels and the dilated left phrenic vein (dashed arrows). No contrast filling is observed in the SVC.

A 24 year-old male patient presented with a recurrent oral and genital aphthous ulcers. There was a long-standing pain in his knee and elbow joints. The patient also complained of breathlessness at rest and effort. The patient had previously diagnosed Behçet's disease (BD). Chest computed tomography (CT) demonstrated multiple saccular pulmonary artery aneurysm sacs especially based on bilaterally hilar-perihilar areas (Fig. 1A). Also no contrast filling was observed in the superior vena cava (SVC) owing to possible thrombus. Enlarged collateral vessels were in the left hemithorax wall and paravertebral areas (Fig. 1B). Venous circulation was reaching the inferior vena cava and right atrium via these collateral vessels, the left phrenic vein, the azygos-hemiazygos veins. There were also enlarged venous collaterals in the upper mediasten and anterior mediasten. Because of

theruptured pulmonary artery aneurysm, the patient died 10 days after presentation.

Vasculitis is the main cause of pathophysiology in BD. Arterial and venous vessels can involved by the disease. In vasculitis, the small, middle, and large size arteries are affected.¹ Venous system involvement is more frequent than arterial system involvement. Thrombophlebitis, deep vein thrombosis, venous aneurysms are venous involvement patterns. SVC thrombosis is rar and serious venous complication of the disease.

Reference

1. Ceylan N, Bayraktaroglu S, Erturk SM, Savas R, Alper H. Pulmonary and vascular manifestations of behçet disease: imaging findings. *AJR Am J Roentgenol.* 2010;194:W158-64.

* Corresponding author.
E-mail address: drhogul@gmail.com (H. Ogul).