Clinical Image

[Translated article] Iatrogenic Segmental Pulmonary Artery Pseudoaneurysm Due to Necrotizing Pneumonia After Intrapulmonary Nasogastric Tube Placement

Pseudoaneurisma iatrogénico de arteria pulmonar segmentaria por neumonía necrosante tras colocación de sonda nasogástrica intrapulmonar

Carlos Guerrero a,*, Daniel Martínez b, Ivan Vollmer c, Abel Gómez-Caro a

a Servicio de Cirugía Torácica, Instituto Clínico Respiratorio, Hospital Clinic, Barcelona, Spain
b Servicio de Anatomía Patológica, Centro de Diagnóstico Biomédico, Hospital Clinic, Barcelona, Spain
c Servicio de Radiología, Centro de Diagnóstico por la Imagen, Hospital Clinic, Barcelona, Spain

We report the case of a 72-year-old man with oropharyngeal squamous carcinoma treated with chemoradiotherapy, who had a nasogastric tube (NGT) placed due to dysphagia associated with mucositis. After accidental displacement, the NGT was repositioned in the emergency department. The patient presented 24 h later with a complaint of dyspnea and left chest pain. The chest X-ray showed the distal tip of the NGT in the left lower lobe (Fig. 1A). The suggested diagnosis was chemical pneumonitis, intravenous antibiotic therapy was started, and he was admitted. During his stay, the chest computed tomography (CT) showed an image suggestive of resolving necrotizing pneumonia (Fig. 1B) and he was discharged with oral antibiotic therapy.

The patient presented 2 months later with life-threatening hemoptysis. CT angiography showed increased cavitary consolidation and an image of active bleeding: segmental pulmonary artery pseudoaneurysm could not be ruled out (Fig. 1C, D). Left lower lobectomy was performed and he was discharged 3 days later.

The histopathology study reported acute necrotizing pneumonia with abscess and ulceration of the bronchial wall, associated bleeding, and a foreign-body giant cell reaction (Fig. 2A, B).

Iatrogenic pulmonary artery pseudoaneurysm is a rare entity occasionally associated with the use of intravascular catheters or surgical reconstruction of the pulmonary artery.1 Surgical repair is the appropriate approach in cases that are symptomatic or increasing in size.2

References