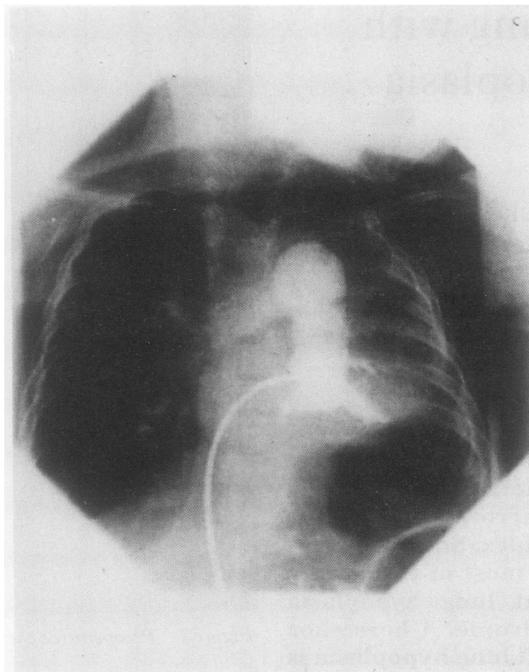


Figure 3 Pulmonary arteriogram showing absence of the left pulmonary artery, dilatation and elongation of the right pulmonary artery, and accessory left lung arteries originating from the main pulmonary artery.



also diagnosed. The mean pulmonary artery pressure was raised (53 mm Hg).

These findings suggested that the child had Eisenmenger's syndrome, so a medical follow up was preferred. On the 25th postoperative day the child deteriorated with respiratory distress and increased cyanosis. Despite intensive attempts at cardiopulmonary resuscitation she died. Necropsy was not performed.

Discussion

Various cardiovascular anomalies, such as an atrial septal defect, ventricular septal defect, patent ductus arteriosus, and hypoplastic left ventricle, may accompany this rare anomaly. The scimitar syndrome, characterised by abnormal drainage of the right pulmonary veins, dextrarotation of the apex of the heart, and unilateral lung hypoplasia, has been reported in 15% of 22 cases of horseshoe lung deformity.^{3,4} All of 14 cases in a recent series had right lung hypoplasia and 11 of these were

associated with the scimitar syndrome.³ Only two horseshoe lung anomalies with left lung hypoplasia had been reported before our case. One of them was diagnosed at necropsy in a 20 week old fetus² and the other one was in a 2½ year old girl without the scimitar syndrome.⁵

A possible embryological explanation for this rare anomaly is failure of the caudal splanchnic mesoderm to remain separate and form bilateral organs during the third week of gestation.^{3,6}

There are no pathognomonic features on the plain chest film in the horseshoe anomaly. The diagnosis can be made by pulmonary arteriography (performed in the lateral and frontal projections), bronchography, or computed tomography, or a combination of these. The appearance of congenital unilateral lung hypoplasia on a chest radiograph and a computed tomogram should suggest the diagnosis. Pulmonary arteriography, which shows the absence of one of the pulmonary arteries with no perfusion of the hypoplastic lung and isthmus, is one of the most valuable diagnostic methods.^{3,7}

Appropriate surgical management of the anomaly is generally aimed at the correction of the accompanying cardiac anomalies. In the presence of recurrent infection or progressive pulmonary hypertension the resection of the hypoplastic lung and isthmus can be carried out.³

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- 3 Frank JL, Poole CA, Rosas G. Horseshoe lung: clinical, pathologic and radiologic features and a new plain film finding. *AJR* 1986;146:217-26.
- 4 Freedom RM, Burrow PE, Moes CAE. Horseshoe Lung: Report of Five New Cases. *AJR* 1986;146:211-5.
- 5 Purcaro A, Caruso I, Ciampini N, Inglese L. A characteristic syndrome: horseshoe lung, cardiac malposition and pulmonary vascular anomaly. *G Ital Cardiol* 1976;6:312-6.
- 6 Curriano G, Williams B. Causes of congenital unilateral pulmonary hypoplasia: a study of 33 cases. *Pediatr Radiol* 1985;15:15-24.
- 7 Haworth SG, Sauer U, Buhlmayer K. Pulmonary hypertension in scimitar syndrome in infancy. *Br Heart J* 1983;50:182-9.

NOTICES

Postgraduate course on surgery of the airways

A postgraduate course on surgery of the airways will be held on 20 and 21 July 1992 at the Massachusetts General Hospital, Harvard Medical School, Boston, Massachusetts. Information and application forms may be obtained from the Thoracic Surgical Unit, Massachusetts General Hospital, Boston, Mass 02114, USA (tel (617) 726-2806, fax (617) 726-7667).

Health professions in 1992: the European challenge

A conference entitled "Health Professions in 1992: the

European challenge" will be held by the Royal Society of Health on 28 April 1992 at the Guildhall, London (fee £75, reduced for members of the Royal Society of Health). Details from the Conference Department, Royal Society of Health, 38A St George's Drive, London SW1V 4BH (tel 071 630 0121, fax 071 976 6847).

AIDS in the 1990s

A lecture entitled "AIDS in the 1990s: a global analysis" will be given by Professor Jonathan Mann, Director of the International AIDS Center, Harvard AIDS Institute, on 28 April 1992 at the Guildhall, London. Admission is free but by ticket only, and this may be obtained from the Conference Department, Royal Society of Health, RSH House, 38A St George's Drive, London SW1V 4BH (telephone 071 630 0121, fax 071 976 6874).