

Images in *Thorax*

A rare presentation of a ruptured bronchial artery aneurysm

A fit 59 year old man with no past medical history of respiratory diseases presented with chest pain and bilateral pleural effusions. On arrival at the specialist thoracic unit his haemoglobin was 7.2 g/l. A CT scan (fig 1) and selective arteriography (fig 2) confirmed an acute bilateral haemothorax secondary to a ruptured bronchial artery aneurysm of the distal segment of the right bronchial artery just below the level of the carina. The patient was treated with bilateral intercostal chest drainage and the aneurysm was successfully treated with coil embolisation. He was discharged home on day 8 and a repeat CT scan before his discharge revealed almost total regression of the haemothoraces and no enhancement of the aneurysm.

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Learning points

- Bronchial artery aneurysm should be considered as differential diagnosis of acute bilateral haemothorax.
- If the patient is stable, first line management should be radiologically guided coil embolisation.
- Surgery should be reserved for patients in whom embolisation is contraindicated (allergy to iodinated contrast medium, existence of medullary artery) and in cases where anatomical configuration makes complete and definitive embolisation of the aneurysm impossible.



Figure 1 Contrast enhanced CT scan at the subcarinal level showing a focal round area of increased attenuation (arrow) adjacent to the bronchus intermedius.

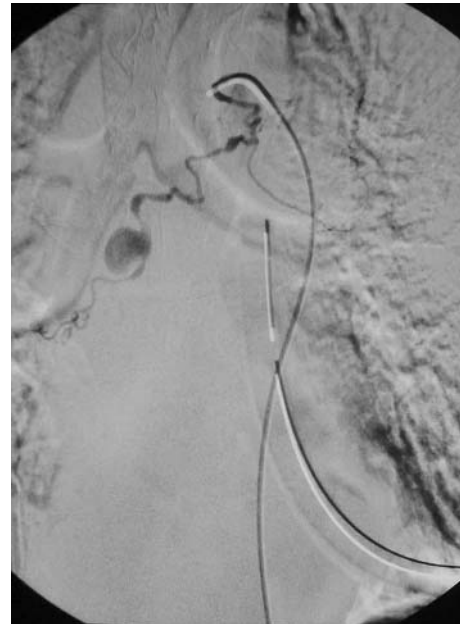


Figure 2 Selective arteriogram of the right bronchial artery showing a saccular aneurysm arising from the distal segment of the right bronchial artery.