Pulmonary arteriovenous malformation and Ebstein's anomaly in a patient: a rare combination

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DESCRIPTION

We present a 58-year-old woman with a history of atrial fibrillation, hypothyroidism, iron-deficient anaemia and multiple deep vein thrombosis (DVT). She never smoked and had no allergies. Her medications included thyroxine, ferrous sulfate, bisoprolol, digoxin and apixaban.

She presented with epistaxis while on warfarin for her DVT and was treated conservatively. She was investigated for iron-deficiency anaemia with endoscopic procedure which revealed multiple angiodysplastic lesions in duodenum and descending colon.

She was seen in chest outpatient clinic with left-sided chest pain which was a dull, constant ache, worse when lying on the left side associated with breathlessness. Transthoracic echocardiogram (figure 1) revealed severely impaired systolic left ventricular function with dilated left atrium. Right heart was dilated with Ebstein's anomaly of the tricuspid valve. A CT pulmonary angiogram (figure 2) showed an arteriovenous malformation in the left lower lobe and middle lobe.

She was managed conservatively and she is clinically stable.

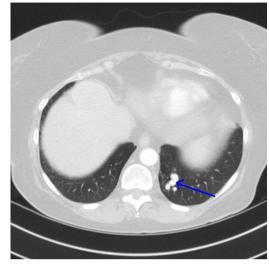
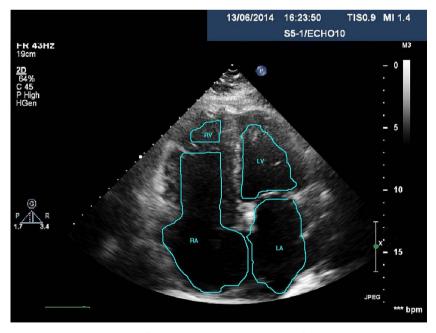
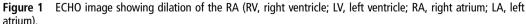


Figure 2 CT image showing serpiginous lesion consistent with pulmonary arteriovenous malformation.







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Learning points

- ► Pulmonary arteriovenous malformation and Ebstein's anomaly occurring in the same patient is a rare condition.
- ► Management approach is difficult because of its rarity, however in our patient conservative approach was adopted.
- ► Further genetic and embryonic studies are needed to identify a possible relationship of the two medical conditions.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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