## Left pulmonary artery agenesis

Konstantinos Archontogeorgis, MD, Paschalis Steiropoulos, MD, PhD, Konstantinos Kaltsas, MD, **Demosthenes Bouros, MD, PhD** 

Department of Pneumonology, Medical School, Democritus University of Thrace, Alexandroupolis, Greece

## Correspondence to:

Paschalis Steiropoulos, MD, PhD, FCCP Medical School, Democritus University of Thrace Department of Pneumonology, University Hospital of Alexandroupolis 68100 Alexandroupolis, Greece

Tel.: +30 2551075333, E-mail: pstirop@med.duth.gr

A 75 year-old female patient, was referred due to dyspnea on exertion (MRC II/IV) during the last year. Lung auscultation revealed diffuse reduction of the respiratory sounds in the left hemithorax. Pulmonary function tests revealed a restrictive pattern along with hypoxemia at rest which worsened at the 6-minute-walking test (240m, 84% of predicted distance). Chest x-ray demonstrated shift of the mediastinal structures and a cardiac shadow to the left, as well as interstitial thickening mainly on the left upper lung field, and hyperlucency of the right lung (Figure 1A and 1B). Computed tomography of the chest confirmed the shift of the mediastinal structures to the left, showed hypoplasia of left lung with bronchiectasis as well as an interrupted course of the main branch of the left pulmonary artery approximately 2 cm from its onset (Figure 2A and 2B). The ventilation/perfusion lung scan revealed imaging only of the right lung (Figure 3A and 3B).

