Clinical case of cystic medionecrosis of pulmonary arterial trunk as a probable cause of thrombosis of its branches in 81-year-old woman

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At the present time, there is no clear ideas of the etiological, pathogenetic, clinical and morphological features of such a rare process as cystic pulmonary medionecrosis of the pulmonary artery.

A 81-year-old patient was hospitalized to the cardiology clinic with a diagnosis of thromboembolism of the branches of the pulmonary artery due to compliance complaints of cough, hemoptysis and dyspnoe. Patient had a long history of arterial hypertension and paroxysmal atrial fibrillation without anticoagulants. A few months before hospitalization, nausea, vomiting, sub febrile temperature and weight loss appeared, which was regarded by the family doctor as an exacerbation of chronic pancreatitis. According to the survey, an intermediate risk of developing PE on the Wells scale and the Geneva scale was revealed, an increase in the level of D-dimer. High pulmonary artery pressure, signs of right ventricular overload were found by echocardiography. According to the results of computed tomography of the lungs, there was an impression of recurrent thromboembolism of small branches of the pulmonary artery with multiple pulmonary infarctions. Cancer of pancreas was suspected after investigation. Patient was treated by anticoagulants, antibiotics, diuretics and fresh-frozen plasma due to development of disseminated intravascular coagulation. The patient died suddenly, the autopsy revealed that the probable cause of thrombosis of large and small branches of the pulmonary artery was the degeneration of the muscular fibers of the wall of the pulmonary artery by the type of cystic medionecrosis, possibly viral etiology (HSV-1 PCR positive). The disease proceeded against the background of a pancreatic body tumor ?1N0?0, sluggish purulent pancreatitis with the development of the syndrome of disseminated intravascular coagulation.

Patient’s diagnosis was HSV-1-associated cystic medionecrosis of pulmonary artery truncus with formation of massive sub-occlusive thrombi and invasive (?-?1N0?0) high-different pancreas body cancer (glandular papillary, squamous) with numerous intraorgan cancerous emboli.