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A Horseshoe lung as a barrier for trans-esophageal echocardiography in scimitar syndrome

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Thirty one years old female presented with dyspnea. Chest X-ray (CXR) & trans-thoracic echo-cardiography (TTE) were requested. CXR revealed relatively small right lung with mild ipsilateral mediastinal shift while TTE showed sinus venosus defect. So transesophageal echocardiography (TEE) was requested yet unexplained bright reflective shadow of air, limiting the visualization of the heart.
So computed tomography (CT) was done that revealed an explanation of the previously seen TEE abnormal air. As a crossing mid line lung tissue (isthmus) seen bridging between lower lobes of both lungs, it is seen insinuating between the heart anteriorly and the esophagus posteriorly (horseshoe lung). It is is seen supplied by accessory branch from the right pulmonary artery as well as respective bronchi from the right bronchial tree.
CT confirmed the presence of sinus venouses defect as well as associated scimitar syndrome as abnormal right pulmonary vein is seen draining into the inferior vena cava (IVC) above the diaphragm.

Conclusion:
Horseshoe lung is rare congenital anomaly, it is usually associated with scimitar syndrome. Horseshoe lung may limit TEE views; however CT easily diagnose it with its associations.