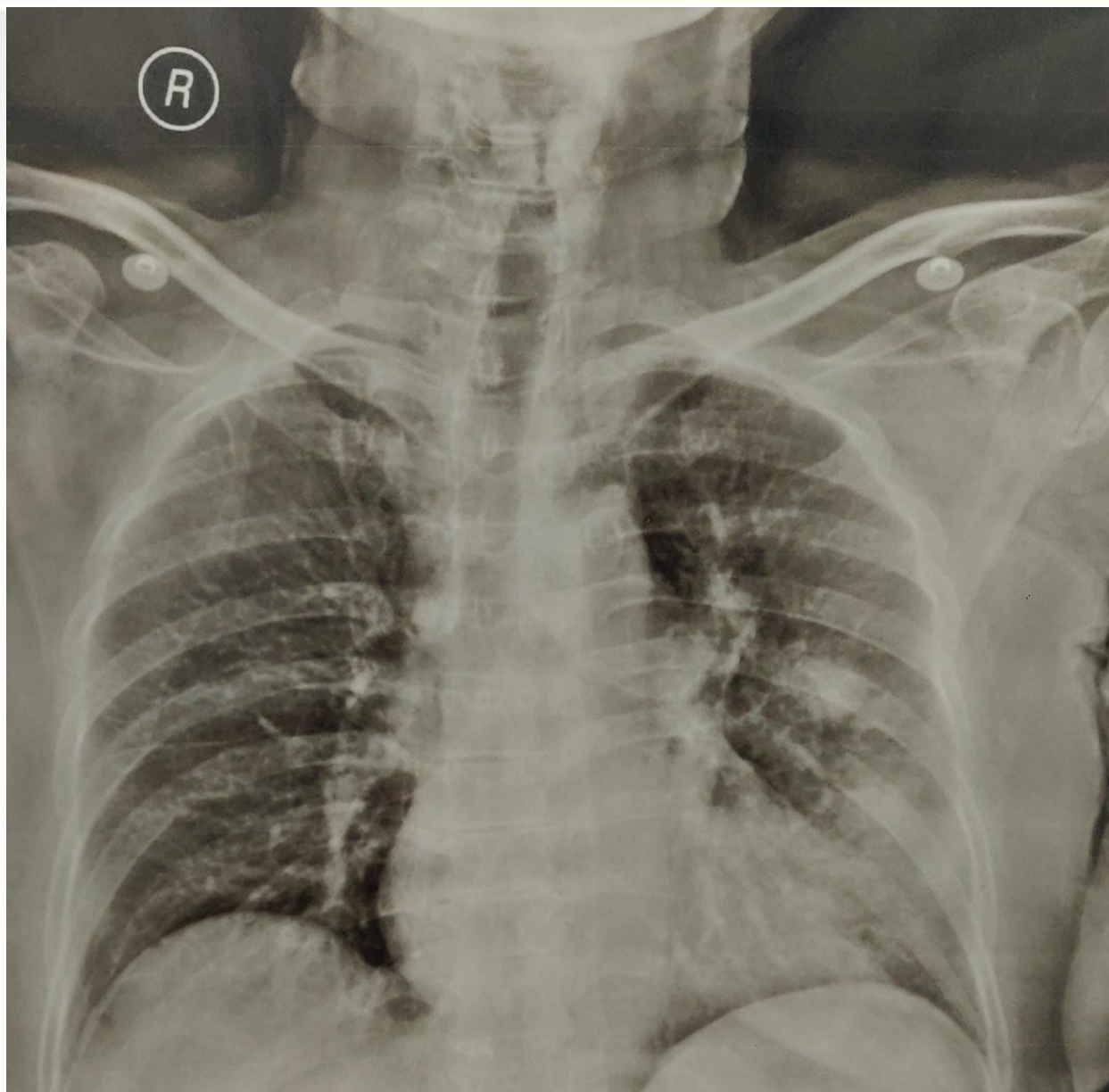


# A RARE CASE OF PULMONARY INFARCTION PRESENTING AS CAVITARY LESION



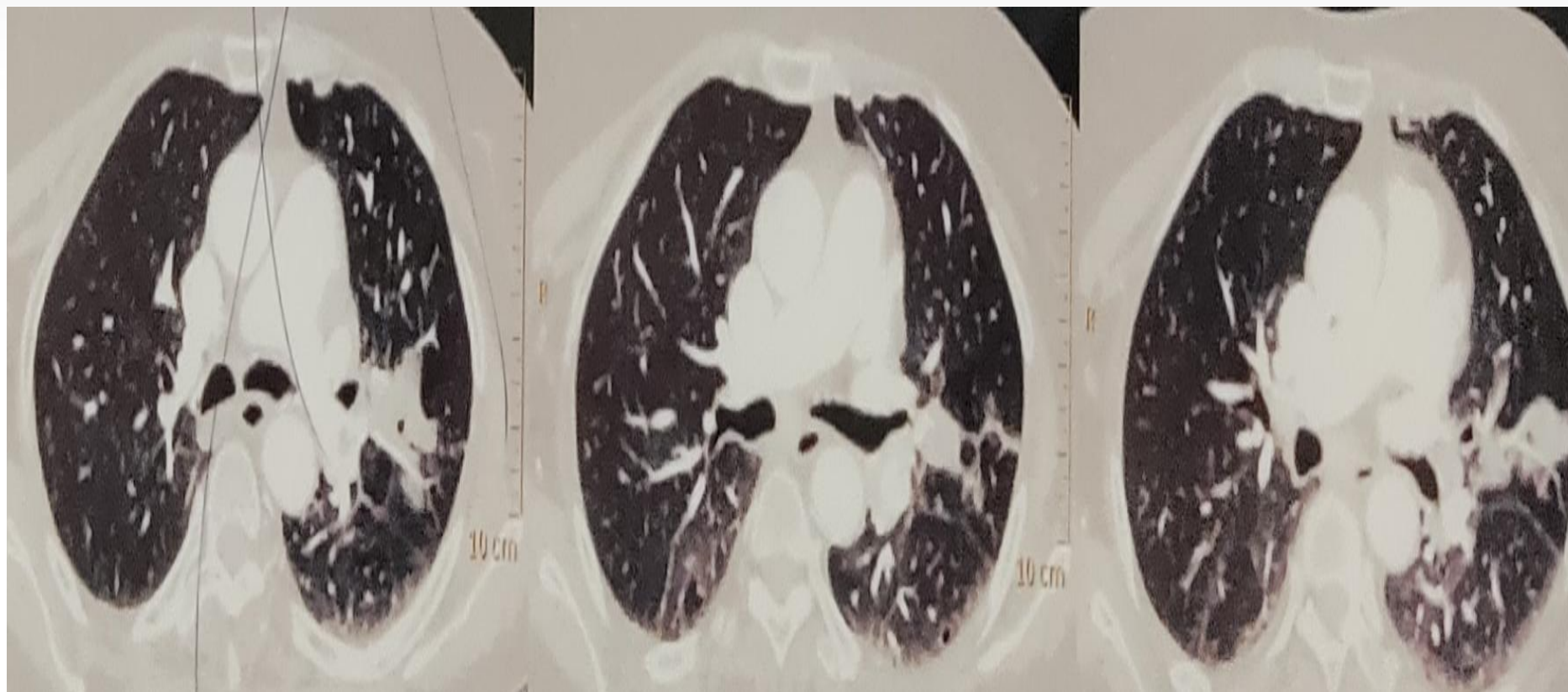


- 50 year old female, presented to vascular team with C/O left upper limb pain, acute onset, throbbing type.
- Patient is a known case of diabetes mellitus and hypertension.
- Vitals are stable on admission.
- Suspecting upper limb thrombosis and plan for thrombectomy , patient was admitted in ICU.





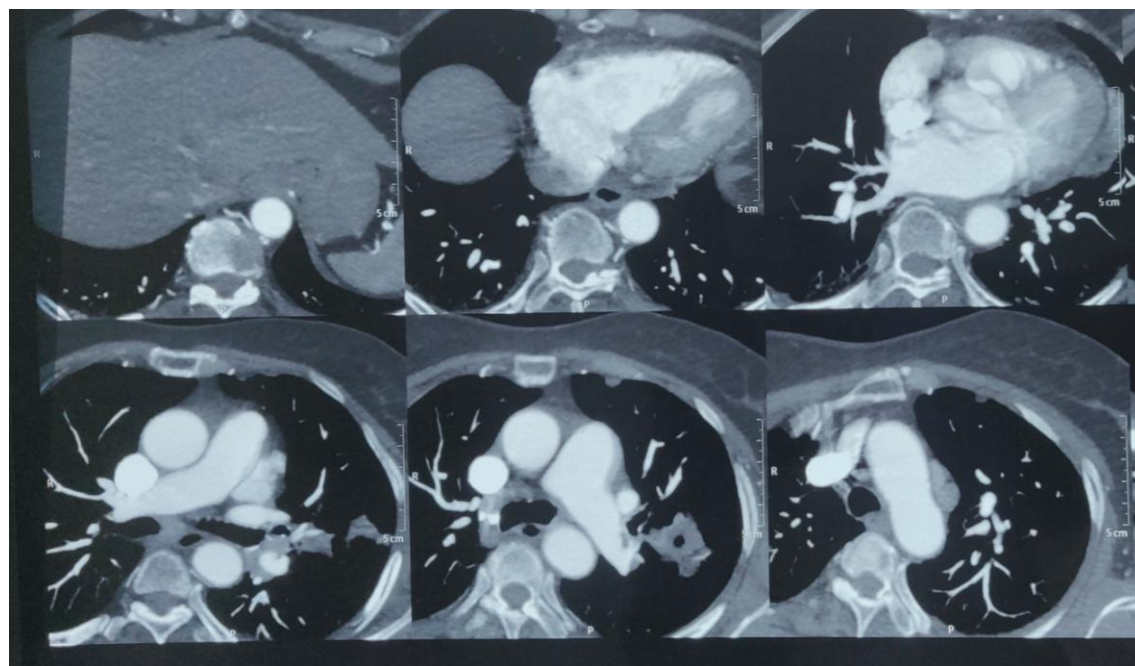
- Mass in left lower lobe and lingula
- Consolidation left lower lobe.















# CT scan of left upperlimb with lung screening



- THROMBOSIS OF LEFT ULNAR ARTERY JUST DISTAL TO ELBOW FOR ABOUT 29mm IN LENGTH WITH DISTAL REFORMATIONS.
- TOTAL OCCLUSION OF LEFT RADIAL ARTERY AT THE LEVEL OF WRIST.
- ECCENTRIC SOFT PLAQUE IN LEFT SUBCLAVIAN ARTERY CAUSING 20-30% STENOSIS.
- LESIONS IN LINGULA AND LEFT UPPER LOBE WITH INTERNAL FLUID DENSITIES AND CAVITATIONS.

## 2-D ECHO



- Normal systolic LV EF - 60%.
- No segmental motion abnormality.
- Mild LV diastolic dysfunction.
- Mild pulmonary hypertension - 40 mmhg.
- No clot seen.

# VENOUS DOPPLER OF LOWER LIMB



- No DVT



- Patient received anticoagulation in ICU , with ALPROSTINE infusion.
- Whole body PET scan done , which confirmed cavitory lesion in left lung with no significant FDG uptake anywhere else in body.





TC - 8420, HB- 9.6, PLT - 424	RFT - NORMAL, LFT - NORMAL
PT- 13.6, INR - 1.15	pANCA, c ANCA NEGATIVE
D DIMER - 566	HOMOCYSTEINE- 5.6
APCR-V RATIO - 2.59	LDH - 175 , CARDIAC ENZYMES - NORMAL



- Patient underwent CT guided biopsy.
- Biopsy report turned to be pulmonary infarct.
- Patient is on anticoagulation treatment.