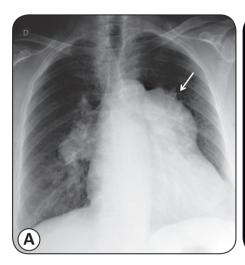
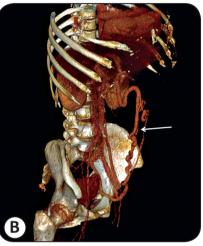


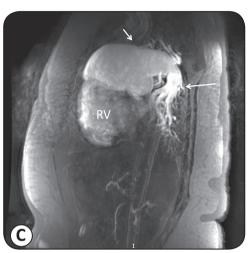
Dilated paraumbilical vein in hepatosplenic schistosomiasis associated with pulmonary hypertension

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A 58-year-old female patient was admitted to hospital with a history of dyspneia, cough and chest pain which started one year before the present admission. In the last 15 days she noticed worsening of her previous symptoms. There was also peripheral edema, tachycardia and palpitation with limitation corresponding to functional class IV (World Health Organization). She came from an area endemic for schistosomiasis and had the hepatosplenic form of the disease. She was also obese. Abominal ultrasound confirmed the diagnosis of periportal fibrosis and portal hypertension. Chest X-ray showed a prominent fourth arch (Figure A: white arrow). Right heart catheterization showed a pulmonary artery systolic pressure of 88mmHg and a mean pulmonary pressure of 46mmHg. A computerized tomography of the abdomen with 3D reconstruction showed the presence of a large venous shunt (dilated paraumbilical vein) connecting the portal system to the left iliac vein/inferior vena cava (Figure B). Magnetic resonance imaging of the heart revealed a great dilation of the pulmonary artery (**Figure C**: short arrow: pulmonary truncus; large arrow: left pulmonary artery; RV: right ventricle). In this case the contribution of the porta-pulmonary shunt to the development of pulmonary hypertension has been suggested as one of the many factors responsible for this complication in hepatosplenic schistosomiasis mansoni.

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