Pulmonary artery compression by an aortic aneurysm should be suspected when there is:
- apparent pulmonary embolism with a widened mediastinum,
- lack of improvement in the perfusion scan following anticoagulation,
- right ventricular hypertrophy combined with aortic insufficiency, or
dyspnoea out of proportion to signs of cardiac failure accompanied by a widened mediastinum and/or evidence of aortic valve regurgitation.

Improved detection creates a potential for surgical correction and success has been reported. However, the major thoracic surgery required was not considered a realistic option for our patient. She was treated with warfarin anticoagulation and palliative oxygen. Five months later she is housebound but otherwise well and functionally independent.

**Final diagnosis**

Hypoperfusion of right lung due to compression of right pulmonary artery by a large atherosclerotic ascending aortic aneurysm.

**Keywords:** thoracic aortic aneurysms, pulmonary artery compression, dyspnoea

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**Retroperitoneal cystic mass**

**JD Sánchez López, J Alcalde, A Ibarra, P Aguado, S Rodríguez, AM Bayón, C Morales, A Abad**

A 48-year-old woman was admitted to hospital with continuous pain in her left flank radiating to the left groin and leg. Her blood pressure was 135/75 mmHg, and pulse rate 80 beats/min. Her chest and abdominal X-rays and electrocardiogram were normal. On clinical exploration, a subcutaneous mass was palpable in the left lumbar region. It was about 10 cm in diameter, smooth, not painful and non-adherent to skin. Abdominal ultrasound showed a cystic and polylobulated mass in the retroperitoneal space. No evidence of a hepatic lesion was found. An abdominal computed tomography (CT) scan was performed (see figure).

**Question**

What is the most likely diagnosis?

**Figure** CT scan showing left retroperitoneal cystic mass
Answer
The abdominal CT scan shows a left retroperitoneal tumour, liquid in density, polylubulated, extending from the left pararenal space to the root of the left tight junction, following the route of the left psoas muscle.

Discussion
Hydatidosis is a parasitic disease produced by the taenia of the genus Echinococcus which is transmitted by dogs or other animals. It is widespread in many countries of Southern Europe, South America, Asia and Oceania. The most common sites are the liver (75%) and the lung (30%). Isolated retroperitoneal hydatid disease is a clinical rarity and probably arises as a result of larval migration through the hepatic and pulmonary barriers.

The confirmation of hydatid disease is based on serological tests (positive in 70% of cases), ultrasonography and CT. In cases of doubtful diagnosis percutaneous fine-needle aspiration of the cyst can be useful.

The accepted surgical treatment of hydatid cysts is a simple cystectomy, including removal of the pericystic membrane, where possible. In both cases the use of escholicidal agents is recommended.

Final diagnosis
Primary retroperitoneal hydatid cyst.

Keywords: hydatid cyst, echinococcosis

Postgraduate Medical Journal Christmas Quiz

Answers
1 Homocystinuria (or hyperhomocysteinemia).

2 Purtscher’s retinopathy.

3 Sepsis.

4 Spinal tuberculosis
   In Caucasians
   • involvement of intervertebral disc common
   • predominantly lytic with little or no sclerosis
   • involvement of posterior arch rare

   In non-Caucasians
   • often confined to vertebral body
   • disc may not be involved
   • sclerosis common
   • posterior arch commonly involved


5 Venous thromboembolism.

6 Pseudo-infarction patterns on ECG
   • hypertrophic obstructive cardiomyopathy
   • acute myocarditis
   • acute pulmonary embolism
   • cardiac tumours
   • cardiac amyloidosis


7 Subperiostal erosion and distal phalangeal tuft resorption.

8 (a) Magnetic resonance cholangiopancreatography.
   (b) 99mTc-hexamethyl propyleneamine oxime

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