Pulmonary artery compression by an aortic aneurysm should be suspected when there is:

- apparent pulmonary embolism with a widened mediastinum,\(^1\)
- lack of improvement in the perfusion scan following anticoagulation,\(^6\)
- right ventricular hypertrophy combined with aortic insufficiency,\(^6\) 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.\(^1,3,4\) 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

---


---

**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 polylubulated 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?
**Postgraduate Medical Journal Christmas Quiz**

**Answers**

1 Homocystinuria (or hyperhomocysteinemia).


2 Purtscher’s retinopathy.


3 Sepsis.


4 Spinal tuberculosis

<table>
<thead>
<tr>
<th>In Caucasians</th>
<th>In non-Caucasians</th>
</tr>
</thead>
<tbody>
<tr>
<td>• involvement of intervertebral disc common</td>
<td>• often confined to vertebral body</td>
</tr>
<tr>
<td>• predominantly lytic with little or no sclerosis</td>
<td>• disc may not be involved</td>
</tr>
<tr>
<td>• involvement of posterior arch rare</td>
<td>• sclerosis common</td>
</tr>
</tbody>
</table>


5 Venous thromboembolism.


6 Pseudo-infarction patterns on ECG

- hypertrophic obstructive cardiomyopathy
- acute myocarditis
- acute pulmonary embolism
- cardiac tumours
- cardiac amyloidosis


7 Subperiosteal erosion and distal phalangeal tuft resorption.


8 (a) Magnetic resonance cholangiopancreatography.


(b) 99mTc-hexamethyl propyleneamine oxime.

**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 escholical agents is recommended.

**Final diagnosis**

Primary retroperitoneal hydatid cyst.

**Keywords:** hydatid cyst, echinococcosis

---


Retroperitoneal cystic mass.

J. D. Sánchez López, J. Alcalde, A. Ibarra, P. Aguado, S. Rodríguez, A. M. Bayón, C. Morales and A. Abad

doi: 10.1136/pgmj.73.857.185