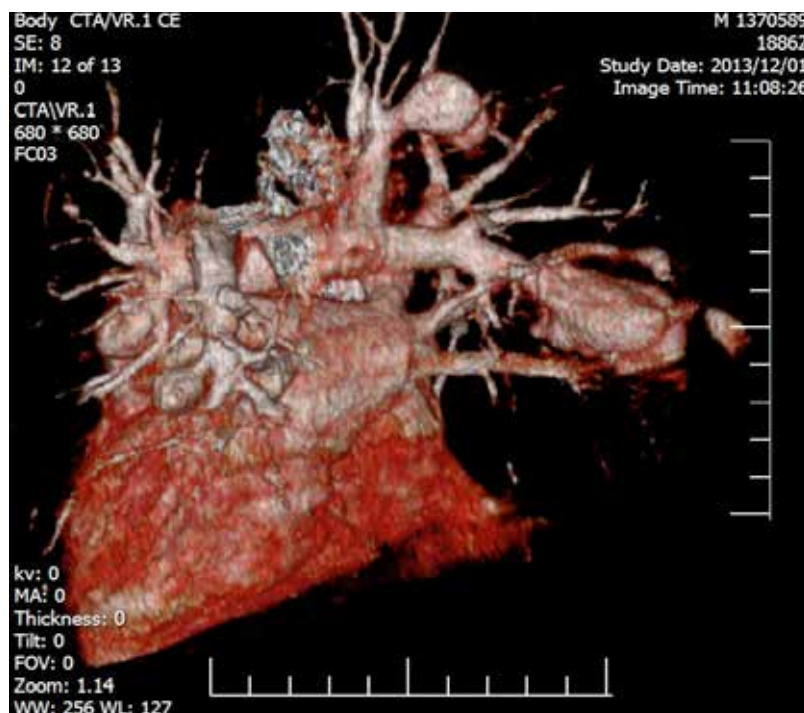


## CLINICAL IMAGE

### Multiple pulmonary artery aneurysms in case of Behçet's syndrome

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A 24-year-old man was admitted with cough and hemoptysis in recent weeks. He also reported intermittent cough and exertional dyspnea since 6 m ago. He had History of abdominal pain two years ago underwent surgery, (biopsy showed ulcer and granulation tissue in cecum) and non-recurrent oral aphthae, recurrent pustules in groin, one episode of genital aphthae.

Physical examination was unremarkable except for hypopigmented scars of previous scrotal aphtha.

Two months before admission he underwent evaluation for cough and dyspnea. Initial chest radiograph showed multiple round nodules in middle and lower

parts of both lungs, CT scanning revealed multiple round enhancing lesions (Fig.1). Initial laboratory work up showed mild normochromic anemia, leukocytosis (17000/ mm<sup>3</sup>), ESR of 78/mm/h1, negative Anti-PR3 and MPO, ANA.

On second evaluation during recent admission chest radiograph showed increased number and size of the pulmonary lesions. So, CT angiography was performed that confirmed multiple pulmonary artery aneurysms with internal thromboses.

Contrast enhanced Echocardiography with agitated saline was normal, no right to left shunting, and size of pulmonary artery was normal, therefore the possibility of arteriovenous malformations became very low. Diagnosis of Behçet's disease was made.

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