



[PICTURES IN CLINICAL MEDICINE]

Pulmonary Circulation with Chronic Thromboembolic Pulmonary Hypertension

Daisuke Fukamachi and Yasuo Okumura

Key words: pulmonary thromboembolism, pulmonary circulation

(Intern Med 62: 489-490, 2023) (DOI: 10.2169/internalmedicine.0017-22)





A 70-year-old woman with suspected chronic thromboembolic pulmonary hypertension (CTEPH) was admitted with dyspnea that had persisted for 1-year, high right ventricular pressure on echocardiography (right ventricular systolic pressure: 75 mmHg), and normal D-dimer levels (1.5 μ g/ mL). Pre-pulmonary angiography, we converted the X-ray fluoroscopic image to a RadwispTM. The RadwispTM analysis (fluoroscopic video analysis workstation using cineradiography based on X-ray technology) enabled visualization of the pulmonary circulation without contrast media. In the RadwispTM, the white-colored area indicated more dilated blood vessels, suggesting greater blood flow (1) and the right

Division of Cardiology, Department of Medicine, Nihon University School of Medicine Japan Received: March 25, 2022; Accepted: May 29, 2022; Advance Publication by J-STAGE: July 5, 2022 Correspondence to Dr. Daisuke Fukamachi, fukamachi.daisuke@nihon-u.ac.jp

peripheral-lung field exhibited a red color without any white color, indicating no blood flow (A). Pulmonary angiography (B), revealed many occluded branches of the right pulmonary artery, similar to the RadwispTM, pulmonary blood flow scintigraphy (C), and lung perfusion imaging (D) findings. Her pulmonary hypertension did not improve with 6-month anticoagulation therapy. RadwispTM has a potential application as a minimally invasive diagnostic modality for CTEPH, especially for cases with contrast medium limitations.

The authors state that they have no Conflict of Interest (COI).

Reference

1. Fukamachi, D, Okumura Y. A novel diagnostic method for acute pulmonary thromboembolisms: an X-ray fluoroscopic video analysis workstation. JACC Case Rep 3: 941-943, 2021.

The Internal Medicine is an Open Access journal distributed under the Creative Commons Attribution-NonCommercial-NoDerivatives 4.0 International License. To view the details of this license, please visit (https://creativecommons.org/licenses/by-nc-nd/4.0/).

© 2023 The Japanese Society of Internal Medicine Intern Med 62: 489-490, 2023