

: 1 1

CT

1

가 (hoarseness), (stridor) (hemiazigos vein), (azygos vein), (internal mammary vein) (1). (systemic vein)

CT (lateral thoracic vein), (pericardio-phrenic vein)

1

50 가 (Fig. 1B-D).

CT 700 MBq Tc99m(free Tc99m) LAO(left anterior oblique) 30

pH 7.43, pCO<sub>2</sub> 39.4mmHg, pO<sub>2</sub> 78.9mmHg, Bicarbonate 26.2mmol/L, SaO<sub>2</sub> 96%

3

가 가 가

T<sub>2</sub>N<sub>0</sub>M<sub>0</sub> lb

6

가

3 3000 rad

(antecubital vein)

CT

1998 12 3 1999 4 27

CT 1)

2) (2-4). , 3) 1) 2)

Engel (2) Kim (4) 가 가

1) - ( Trigaux (3) - 가 가 가

2) ( ) 3)

( ) 4) ( , Hutchins (5)

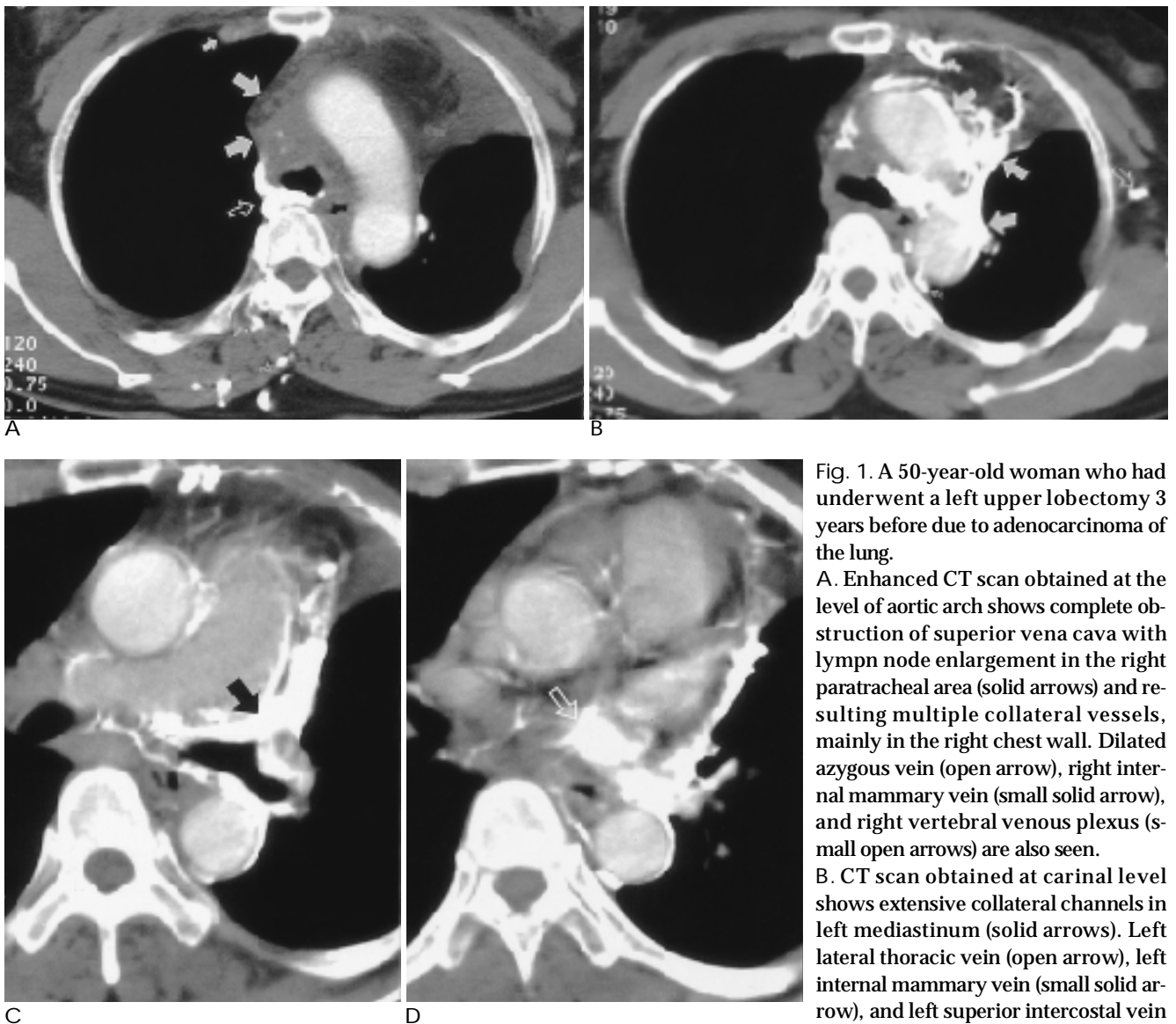


Fig. 1. A 50-year-old woman who had underwent a left upper lobectomy 3 years before due to adenocarcinoma of the lung.

A. Enhanced CT scan obtained at the level of aortic arch shows complete obstruction of superior vena cava with lymph node enlargement in the right paratracheal area (solid arrows) and resulting multiple collateral vessels, mainly in the right chest wall. Dilated azygous vein (open arrow), right internal mammary vein (small solid arrow), and right vertebral venous plexus (small open arrows) are also seen.

B. CT scan obtained at carinal level shows extensive collateral channels in left mediastinum (solid arrows). Left lateral thoracic vein (open arrow), left internal mammary vein (small solid arrow), and left superior intercostal vein (small open arrow) are dilated with contrast medium.

C, D. CT scans obtained at the level of bronchus intermedius (C) and left atrium (D), retrospectively, show direct communication between mediastinal collateral channels and left pulmonary vein (black arrow). Opacification of left atrium (open arrow) following left pulmonary vein is seen.

Wilson(6)  
H.capsulatum  
(5)  
actinomycosis  
(7)  
CT  
가  
가  
CT  
(1), CT  
CT가  
CT  
CT  
(6). Engel (2)  
가  
가  
(6,8).

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## **Right to Left Shunt as a Collateral Circulation in a Patient with Superior Vena Cava Syndrome : A Case Report<sup>1</sup>**

Young Sun Kim, M.D., Seok Chol Jeon, M.D., Won Jin Moon, M.D., Yō Won Choi, M.D.,  
Heung Suk Seo, M.D., Chang-Kok Hahm, M.D., Choong Ki Park, M.D.

<sup>1</sup>*Department of Diagnostic Radiology, Hanyang University, College of Medicine*

In patients with superior vena cava syndrome, the form of the collateral circulatory system which communicates with the inferior vena cava via various systemic veins usually varics. We found an instance of unusual collateral circulation : direct communication between the systemic and pulmonary vein in a woman with superior vena cava syndrome caused by metastatic lymph node enlargement. In this report, we describe the CT and radionuclide venographic findings.

**Index words :** Venae cavae, stenosis or obstruction  
Venae cavae, CT  
Venography, radionuclide

Address reprint requests to : Seok Chol Jeon, M.D., Hanyang University Hospital, Dept. of Diagnostic Radiology,  
#17 Haengdang-dong Seongdong-gu, Seoul, South Korea.  
Tel. 82-2-2290-9158 Fax. 82-2-2293-2111 E-mail. scjeon@email.hanyang.ac.kr