

77

77 가 3-4

2

가 86%

38

가 16,000
가

가

가

가

(Fig. 1),

(Fig. 2).

가

3

5

가

50-70

가

(Fig. 3). T2

(1, 3).“

가

1885

Osler

(3, 4).

(curvilinear)

가

가

38%

(Fig. 4A, B).

가

31%

가

가 10%

(Fig. 5) 3

8%,

(1, 5).

가

가

가

1

2002 3 25

2002 10 10

(bicuspid aortic valve)

(Marfan's syndrome) - IgE
 (6).
 1965 가 (38%)
 (1, 5). 가
 53% 가 (3, 5).
 0.8 - 2.8%
 (1).
 가

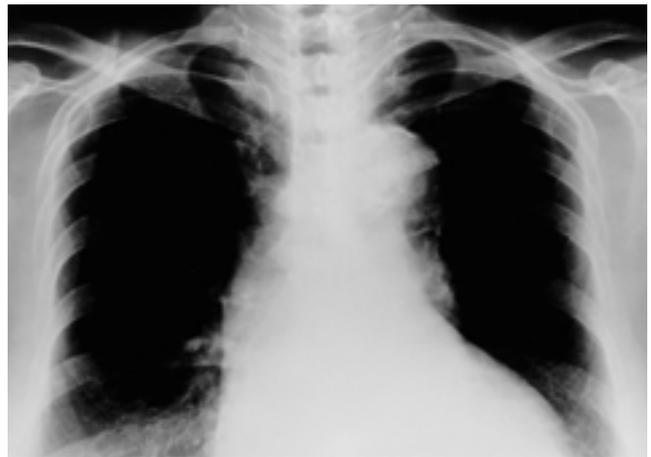


Fig. 2. Chest PA taken before 3 months than Fig. 1. reveals no evidence of abscess in the same site as Fig. 1.



Fig. 1. Chest PA shows ill-defined opacity with internal multiple air-bubbles in LUL field above aortic arch, suggesting mediastinal abscess.

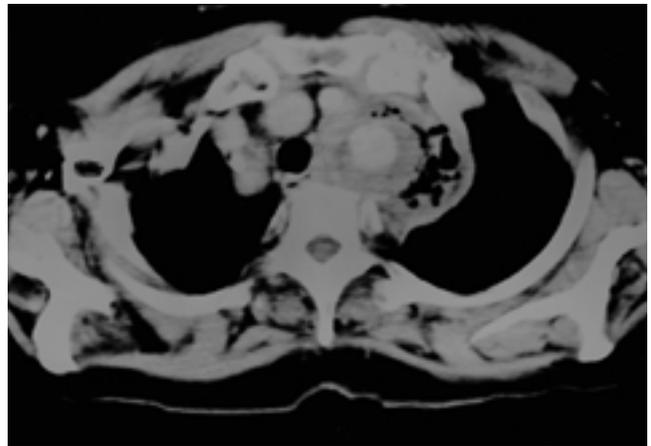
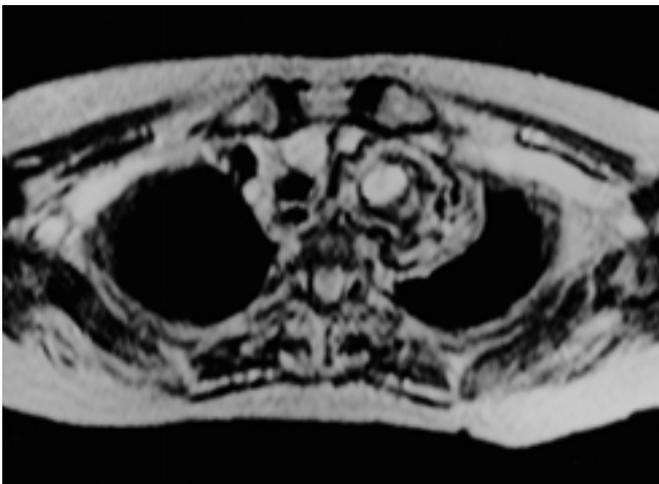


Fig. 3. Contrast-enhanced CT scan obtained just above the origin of left subclavian artery shows a dilated arterial lumen and surrounding relatively well-defined mass in superior mediastinum with abnormal fluid and gas formation within it.



A



B

Fig. 4. T2-weighted axial (A) and gradient echo coronal (B) MR images demonstrate a dilated arterial lumen in the posterolateral wall of the proximal left subclavian artery just above the origin site and relatively well-defined mass with abnormal fluid and curvilinear low signal gas.



Fig. 5. Angiography reveals saccular aneurysmal dilatation just above the origin site of left subclavian artery.

가 (3).
(mapping)
(1, 8).
(1, 3, 5).

(1, 7).
가
(recurrent laryngeal nerve)
(hoarseness)

가
가
가

가 (1).

1. Lee TY, Cheng YF. Subclavian mycotic aneurysm presenting as mediastinal abscess. *Am J Emerg Med* 1998;16:714-716
2. Moriarty JA, Edelman RR, Tumeh SS. CT and MRI of mycotic aneurysms of the abdominal aorta. *J Comput Assist Tomogr* 1992;16:941-943
3. Gonda RL Jr, Gutierrez OH, Azodo MV. Mycotic aneurysms of the aorta: Radiologic features. *Radiology* 1988;168:343-346
4. Jaffe RB, Condon VR. Mycotic aneurysms of the pulmonary artery and aorta. *Radiology* 1975;116:291-298
5. Brown SL, Busuttil RW, Baker JD, Machleder HI, Moore WS, Barker WF. Bacteriologic and surgical determinants of survival in patients with mycotic aneurysms. *J Vasc Surg* 1984;1:541-547
6. Mengozzi E, Sartoni Galloni S, Giovannini G, Bronzetti G. Mycotic aneurysm of the thoracic aorta presenting as pneumonia. *Pediatr Radiol* 2001;31:488-490
7. Austin EH, Wolfe WG. Aneurysm of aberrant subclavian artery with a review of the literature. *J Vasc Surg* 1985;2:571-577
8. Walsh DW, Ho VB, Haggerty MF. Mycotic aneurysm of the aorta: MRI and MRA features. *J Magn Reson Imaging* 1997;7:312-315

Mycotic Aneurysm of the Left Subclavian Artery Presenting as Mediastinal Abscess: Case Report¹

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Mycotic aneurysms most commonly occur in femoral arteries or the abdominal aorta. Mycotic aneurysm arising from the left subclavian artery is very rare. The morbidity and mortality of ruptured mycotic aneurysms, regardless of their location, remain high despite the current practice of administering an intensive antibiotic regimen. We encountered a case of mycotic aneurysm presenting as mediastinal abscess and arising from in the left subclavian artery. Therefore, we report this case with radiologic findings to remind readers of the possibility of this unusual location of mycotic aneurysm.

Index words : Aneurysm, mycotic
Arteries, subclavian

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