Association of sickle cell trait with measures of cognitive function and dementia in African Americans

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Journal Title: eNeurologicalSci
Volume: Volume 16
Publisher: Elsevier | 2019-09-01, Pages 100201-100201
Type of Work: Article | Final Publisher PDF
Publisher DOI: 10.1016/j.ensci.2019.100201
Permanent URL: https://pid.emory.edu/ark:/25593/ttxnw

Final published version: http://dx.doi.org/10.1016/j.ensci.2019.100201

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Case report

Unilateral pulmonary artery agenesis

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ARTICLE INFO

Keywords:
Unilateral pulmonary agenesis
Congenital
Respiratory disease
Imaging

Case

A middle aged male presented with a one-week history of progressively worsening dyspnea upon exertion, with no prior respiratory symptoms. Contrast-enhanced computed tomography of the chest showed multiple collateral vessels within the expected region of the left main pulmonary artery with absence of the left main pulmonary artery and hypoplasia of the left lung and compensatory hyperinflation of the right lung, as well as a patent ductus arteriosus (Fig. 1A). Ventilation-perfusion scintigraphy demonstrated normal ventilation in both with the absence of perfusion in the left lung (Fig. 1B). Unilateral pulmonary artery agenesis (UPAA) is a very rare congenital condition, with approximately 150 cases reported since 1868. Although the disease can be associated with other congenital cardiovascular abnormalities, isolated UPAA may not be diagnosed until adulthood, presenting as dyspnea and/or with abnormal chest imaging [1]. Treatment options can include pneumonectomy, closure of collateral arteries or revascularization. It is suggested to follow asymptomatic patients with echocardiography to monitor for early development of pulmonary hypertension, which would then require a cardiac catheterization to measure pulmonary artery pressures. Unfortunately, there are no guidelines or consensus regarding treatment for these patients [2].
Conflicts of interest
The author declares that no conflicts of interest exist.

Funding
None.

Author contributions
ASS, JMS and PJ: conception and design, acquisition of radiological and pathological data, drafting the article, critical revision of intellectual content and final approval of the version to be published.

The Authors certify that this is an original research work, which has not been, published anywhere else in any form and does not involve any sources of financial support from any source whatsoever.

All authors certify that he or she has participated sufficiently in the intellectual content. Each author has reviewed the final version of the manuscript and approves it for publication.

The Authors declare that “all the authors are aware of and approve the manuscript being submitted to this journal”.

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