X-RAY FILM OF THE MONTH

A white woman, aged 93, history unobtainable. She claimed she "did not have a care in the world and never felt better in her life." She was admitted with a Pott's fracture.

Physical examination: slight, aged woman, poorly nourished and developed. Chest: shallow lung excursion, distant breath sounds and no rales; heart sounds distant and of poor quality; A2 accentuated. Pulse 72, blood pressure 152/100. Extremities, slight pretibial edema, right ankle, Pott's fracture.

Laboratory reports blood sugar 82.5 mg. per cent. Blood urea nitrogen 29.4 mgm. per cent. Wasserman negative. Kline doubtful.

The course was uneventful until two weeks ago, when she had moderate hemoptysis. Chest at this time was essentially negative, except for moist rales in both bases. Later the same day she brought up copious quantities of bright red frothy blood.

X-ray examination of the chest revealed a large circumscribed area of absent aeration in the central portion of the left lung which extended from the axillary portion of the chest to the hilum, merging with the mediastinal structures. In the lateral projection, this circumscribed area was superimposed over the heart. An aneurysm could not be excluded; the area of diminished aeration was thought to be encapsulated effusion.

Clinically, it was thought that this might be a dissecting aneurysm, or a mediastinal tumor, with the odds on an effusion.

Chest tap yielded blood under pressure. The specimen showed no neoplastic cells, and the culture was negative. The blood count was RBC 3.6 million, Hg. 56 per cent, and WBC 11.000.
At this time an abdominal aneurysm was detected and a re-examination of the chest after two weeks disclosed no change in the findings.

Angiocardiographic examination disclosed a huge aneurysm of the descending aorta with a large mural clot. She expired eight days later.

Post mortem examination:

"The patient presented slight to moderate atherosclerosis in its ascending portion of the aorta, there being one focal sclerotic plaque about 2 x 2 cm. just superior to the anterior aortic cusp. There was no wrinkling or tree barking of the ascending aorta. The arch of the aorta began to reveal extensive atherosclerosis with ulceration and superimposed thrombus formation. This process became more marked as one examined distally, so that the descending aorta was practically completely involved by an ulcerating atherosclerosis. About 8 cm. below the arch of the aorta, extending laterally to the left and invading and compressing the posterior aspect of the left lower lobe of the lung, was an aneurysm of the aorta which measured 8 x 6 x 4 cm., and which was lined with a laminated thrombus. No communication could be traced from the aneurysm to the adjacent lung. In the lower portion of the descending aorta, just about 3 cm. above the bifurcation into the common iliac vessels, were found two small aneurysmal outpouchings, each measuring 2 x 2 cm., and each lined with a laminated thrombus.

Microscopic examination of the aorta revealed a questionable leutic aortitis.