

Abstract

This case report presents an uncommon and atypical case of a large pulmonary artery pseudoaneurysm (PAPA) in a 67-year-old female with a history of Type 2 Diabetes Mellitus and hypertension. Despite atypical clinical features including fever, right hypochondrial pain, and shortness of breath, the initial diagnosis of lower respiratory tract infection failed to alleviate the patient's symptoms. Continued investigation revealed an acalculous cholecystitis but did not resolve the persistent right hypochondrial pain. Ultimately, a contrast-enhanced CT scan discovered a pseudoaneurysm in the posterior basal segment of the right pulmonary artery, resulting in collapsed consolidation of the right lower lobe. Given the high risk of rupture and the absence of classic symptoms such as hemoptysis, this case highlights the diagnostic challenges of identifying PAPAs and emphasizes the significance of considering vascular anomalies in cases with unexplainable symptoms.

She underwent a CT-guided coil embolization procedure to manage the pseudoaneurysm. The report emphasizes the critical need for early recognition and appropriate intervention in PAPA cases and encourages further research to enhance our understanding of this rare vascular condition's etiology, diagnostic, and therapeutic approaches.