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Maarten Criel & Marc Gewillig

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Maarten Criel¹ · Marc Gewillig²

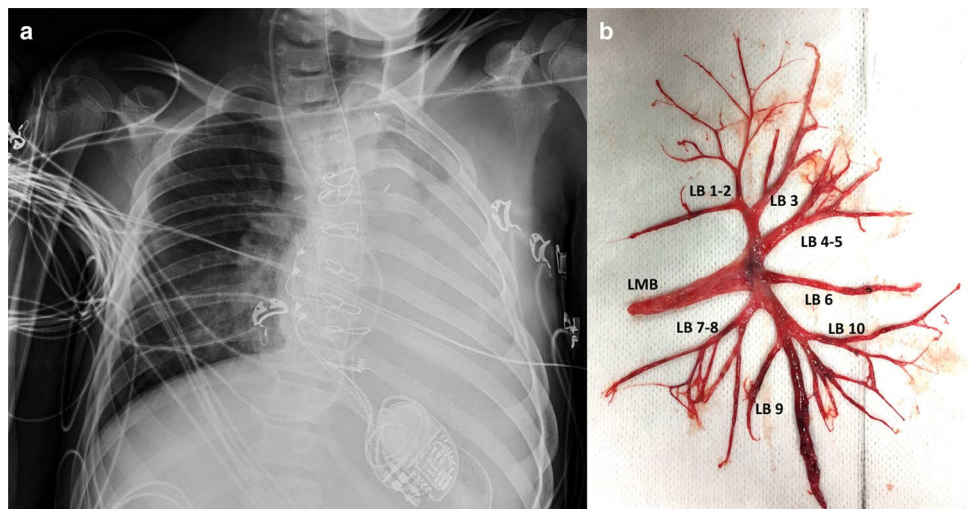
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A 16-year-old boy was admitted for pacemaker implantation because of symptomatic sinus bradycardia. He was born with a complex univentricular heart for which a Fontan circuit was created [1]. A few days after pacemaker implantation, he progressively required more oxygen and started coughing up rubbery-like secretions. Chest radiograph (Fig. 1a) showed an obstructive atelectasis of the left lung; bronchoscopy visualized a plug. A cast resembling the left bronchial tree was removed (Fig. 1b). Pathological

assessment confirmed an acellular fibrin cast, compatible with plastic bronchitis which is a rare complication in Fontan patients [2]. Venous pressure overload, as typical for a Fontan circulation, predisposing to a lymphatic leak into the airway is the underlying mechanism [3]. Indeed, lymphography confirmed paratracheal leakage for which Lipiodol® was successfully injected [4].

Fig. 1 **a** Chest radiograph showing atelectasis of the left lung accompanied by mediastinal shift to the left. **b** Bronchial cast of the left lung that was removed via bronchoscopy. *LMB* left main bronchus, *LB* left bronchus



✉ Maarten Criel
maarten.criel@uzleuven.be

¹ Respiratory Medicine, University Hospitals Leuven, Herestraat 49, 3000 Leuven, Belgium

² Paediatric Cardiology, University Hospitals Leuven, Herestraat 49, 3000 Leuven, Belgium

Compliance with Ethical Standards

Conflict of interest None.

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