



totally 43 PAPVR case of which 16 case had right upper lobe and/or right middle lobe pulmonary vein was draining into SVC. Also Ho et al. [3] reported their eight-year experience about this subject and there was also any case shows segmental drainage difference in the same lobe in their reports.

We have diagnosed a right sided PAPVR showing segmental venous drainage difference in the right upper lobe associated with SVASD. Normally, the expected pathology in PAPVR is the drainage difference between the lobar pulmonary veins in one lung. In the right upper lobe of our case, two of the three segmental pulmonary veins were draining into systemic venous system via SVC, the other was draining into right atrium. is segmental difference in the same

detected. Contrast-enhanced CT and CTA are optimum for this aim, allowing rapid data acquisition with high resolution and wide anatomic coverage [7]. Enhanced magnetic resonance angiography and cardiac magnetic resonance imaging also provide high spatial resolution for the evaluation of the cardiac anomalies and great vessels such as pulmonary veins and arteries. With magnetic resonance angiography, three-dimensional reconstructions which assure detailed anatomic information can be composed [8].

Surgical treatment may be considered in patients who have isolated PAPVR and signs of right ventricle overload. In the hands of the competent surgeons, this surgery can be performed with low morbidity and mortality, with improvement in the right ventricle size and pulmonary pressures in the majority [2]. The aim of surgical repair is to close the defect in the interatrial septum and to normalize the systemic and pulmonary venous drainage. There are various surgical techniques for treating PAPVR with or without ASD such as patch techniques, and Warden's technique [2,9,10]. Because of our patient did not accept the further evaluation or any treatment, we could not measure the pulmonary pressures and offer the postoperative information.

Normally, all of the pulmonary veins drain into the left atrium. In our case, combining apical and posterior segment pulmonary veins of the right upper lobe were draining into systemic venous circulation via SVC. Anterior segment of the right upper lobe and the middle lobe pulmonary veins were draining into SVC-right atrium junction separately at the level of SVASD. In medical literature there are case series [2,3] consist of the the right upper lobe PAPVR drain into SVC, but segmental drainage difference have not been reported before in medical literature. Majdalany et al. [2] reported their PAPVR series in 2010 that shows twenty year experience. In that report, there were