

Pulmonary Arteriovenous (PAVM)

Chest x-ray is the most appropriate initial imaging exam with presentation of hypoxemia or hemoptysis but it does have low sensitivity for pulmonary arteriovenous malformation (PAVM).¹

CT chest is the test of choice for diagnosing a PAVM. Contrast may be considered for an atypical nodule/soft tissue lesion on CT chest without contrast and suspicion for a PAVM. CTA chest is the gold standard for defining the vascular anatomy of a previously identified PAVM. It is not routinely used for diagnosis except in the setting of concomitant embolization therapy, diagnostic uncertainty, or pre-intervention planning.¹ MRA chest avoids ionizing radiation but is not as sensitive or specific as CT for the diagnosis of PAVM and has limitations detecting PAVM < 5 mm.¹ It has a potential role in younger people with Hereditary Hemorrhagic Telangiectasia (HHT) who may require lifelong surveillance.¹

CT chest without contrast may be done to screen for PAVM in people with possible or confirmed Hereditary Hemorrhagic Telangiectasia (HHT).²⁻⁴ A negative CT chest with or without contrast helps to exclude a clinically significant PAVM.³

References

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