bronchus reported in literature could not be assessed because of our single slice ct. Abnormal lobation bronchial isomerism with hyparterial bronchus and unilobar lung may be present[2,3]. Errors of segmentation may occur. An anomalous right pulmonary vein connection to the systemic venous circulation either below or above the diaphragm most commonly to the inferior vena canvas (our case), occasionally into the hepatic vein, portal vein, azygos vein, coronary sinus or the right atrium[3]. The vein may drain the whole lung or part of it.

Persistence of early embryonal connections between the post branchial pulmonary parenchyma and the primitive dorsal aorta results in systemic arterial supply & defective regression of the original splanchnic venous drainage and establishment of communication with the left atrium, the lungs will drain into the tributaries of the sinus venous or the right atrium is the cause for vascular anomalous connection. The scimitar syndrome is a characteristic form of partial anomalous pulmonary venous return. Involvement of the right lung is not understood.

Incidence of SS is (1.4f:1m)[1]. Familial occurrences have been reported[1]. The incidence is estimated to be one to three per 100000 births.

Clinical features depends on the magnitude of rt shunt so may present as asymptomatic to cardiac failure.

Two varieties have been described. The infantile form presents in infancy or early childhood due to other associated cardiac anomalies like Fallot's form, where the syndrome is detected after the first year of life, presents late or may remain totally asymptomatic and is not associated with other cardiac anomalies.

The classical radiological sign described SCIMITOR SIGN consists of a broad curved vertically oriented band along the right heart border and disappearing at the night hemidiaphragm due to abnormal vein; Scimitor sign may or may not be present on chest radiograph[2].only one-third of scimitar syndrome show classical scimitar sign(radiopedia) The absence of the scimitar sign is attributable to the very small lung, marked mediastinal shift and unfavourable orientation or small caliber of the vein[2]. Absence of the scimitar sign may be mistaken for dextrocardia or Swyer James Syndrome.

MDCT is the imaging modality of choice- for lung underdevelopment in patient with SS and to differentiate it from Atelectasis, bronchopulmonary sequestration and true dexgrocardia. Contrast enchanced CT can of the thorax may demonstrate feeder vessels and large draining vein. Vascular engorgement as a result of perfusion of lower resistance lung circulation at systemic pressure can be reflected as increased CT attenuation[4].

Aortography differentes & to diagnose the systemic arterial supply to the lung includes, pulmonary sequestration, pulmonary arteriovenous malformation, interruption of pulmonary artery, rarely cystic adenomatoid malformation and sole or accessory arterial supply to the normal lung.

Treatment for symptomatic scimitar syndrome consists of surgical repair (mobillisation) of the anomalous venous return ie (a) The surgical repair of scimitar syndrome consists of redirecting the pulmonary venous drainage into the left atrium, either baffling the anomalous drainage into the left atrium via a tunnel or transecting the "scimitar drainage" or exision of the involved lung

CONCLUSION

Bronchopulmonary-vascular malformation represent erogenous and complex group of abnormalities. Although the scimitar sign is visible on chest radiograph in many patients of scimitar syndrome, additional diagnostic procedures are often necessary to confirm diagnosis and to evaluate associated abnormalities.

ACKNOWLEDGEMENT

We thank & greatful to Mr. Chithrashekar Executive Director, & Dr. Suresh Babu Dean for their consent & support.

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Port Site Abscess – Salmonella Paratyphi -A – Management and Review of Literature.

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Abstract *: Salmonella paratyphi A is an endemic infection in India. It commonly presents as enteric fever. Very rarely it can cause localized infection ranging from abscess to spondylitis. To our knowledge, port site anterior wall abscess due to Salmonella paratyphi A is not reported in the literature. Surgical drainage and antibiotics based on culture and sensitivity are the mode of management.We report a case of Port-Site Abscess, presenting 5years after lap. chole. in a55 year old lady; Salmonella Paratyphi -A was the causative microbe on pus culture.*

INTRODUCTION

Salmonella paratyphi-A is one of the commonest infection in developing countries like India. It usually spreads through contaminated water and food. Commonest presentation is enteric fever but rarely it can present as focal infections. Identifying it early and adequate management will prevent dissemination of the disease.

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Received on 25.11.14 ***Accepted on 30.12.14***

CASE REPORT

A 55 year old lady, recently diagnosed to have diabetes mellitus, presented to the casualty with a painful swelling in the epigastric region for 20 days. She had a history of fever few months ago and was treated with over the counter medications. She had undergone laparoscopic cholecystectomy 5 years back. On examination a swelling measuring 8 x 5 cm