**A case report of PVOD in a young woman with pulmonary hypertension**

**Abstract**

Pulmonary veno-occlusive disease (PVOD) is a rare and fatal disease with non-specific clinical presentation often misdiagnosed as group 1 pulmonary arterial hypertension (PAH). Our case was a 25-year-old young woman who complained of aggravation of dyspnea during exertion and slight chest pain for two months. Her work-up included pulmonary function test (PFT), an echocardiogram, Body-Box & DLCO, V/Q scan, computed tomography (CT) scan of chest, cardiac catheterization, and video-assisted thorascopic surgery (VATS). Echocardiography showed high pulmonary artery systolic pressure (PASP). The PVOD diagnosis in our patient was challenging because of the segmental and sub-segmental defects on the V/Q scan, which led us to consider chronic thromboembolic PH (CTEPH). Definitive diagnosis of PVOD was based on pathological results prepared by VATS. However, based on our results, hypoxia, decreased DLCO, normal V/Q scan, and chest CT findings including ground-glass opacities, mediastinal lymphadenopathy, and interlobular septal thickening can be used to diagnose PVOD. In the following, the patient's treatment with diuretics, bosentan and tadalafil led to the recovery of the patient's hypoxia and saved her life for further treatment. With respect to the heterogeneous nature of clinical presentation in PVOD patients, High clinical suspicion and appropriate diagnostic measures are required for diagnosis. Present study showed that PAH specific drugs in addition to diuretics can be used cautiously to control disease progression and save patients for lung transplantation.

**Keywords:** Pulmonary hypertension, pulmonary veno-occlusive disease, lung transplantation