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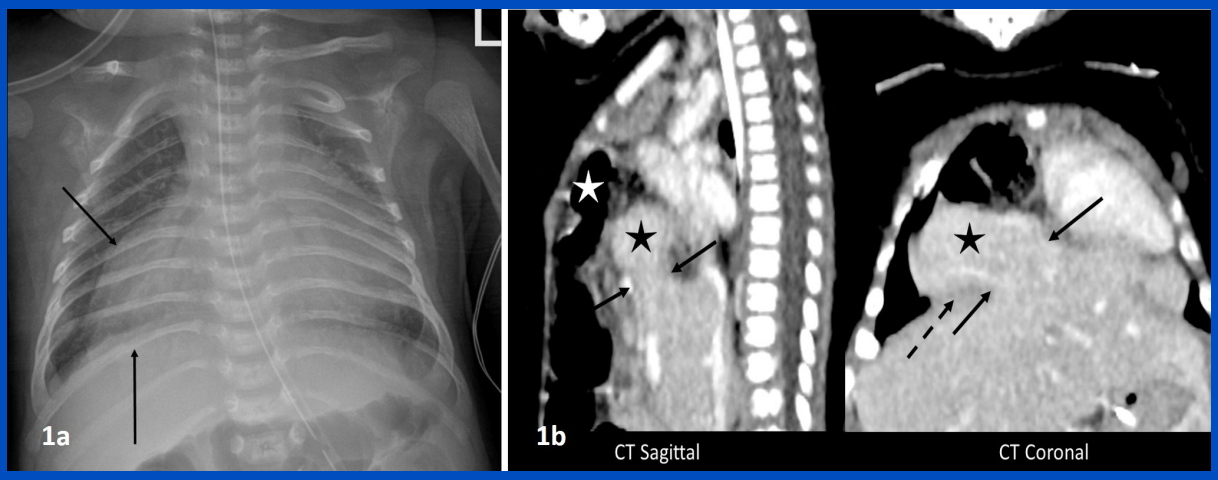

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The BIMJ publishes articles ranging from original research papers, review articles, medical practice papers, special reports, audits, case reports, images of interest, education and technical/innovation papers, editorials, commentaries and letters to the Editor. Topics of interest include all subjects that relate to clinical practice and research in all branches of medicine, basic and clinical including topics related to allied health care fields. The BIMJ welcomes manuscripts from contributors, but usually solicits reviews articles and special reports. Proposals for review papers can be sent to the Managing Editor directly. Please refer to the contact information of the Editorial Office.

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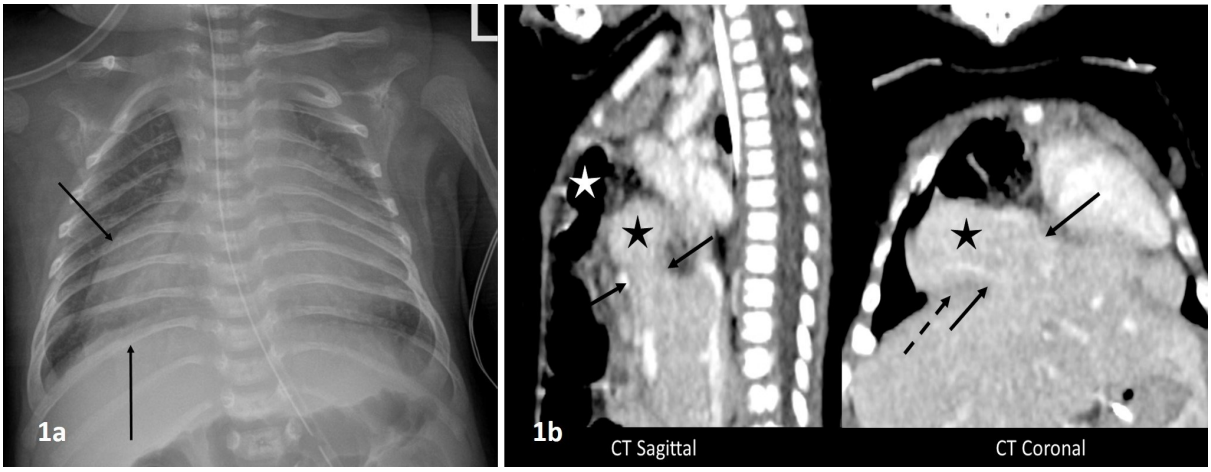

Figure 1

A 3-week-old term baby girl with Down syndrome was referred for a cardiac assessment due to a grade 2/6 continuous murmur at the upper left sternal edge. She was oxygen dependent after treatment of early onset pneumonia with persistent pulmonary hypertension of the newborn. Chest radiograph showed a homogeneous opacity at the right cardiophrenic angle causing obliteration of right heart border suggestive of a mediastinal lesion (Figure 1). Transthoracic echocardiogram revealed a mildly dilated left ventricle, perimembranous ventricular septal defect measuring 3.6 mm and a patent ductus arteriosus measuring 2 mm. She was started on oral frusemide and captopril for cardiac failure and underwent occlusion of the ductus arteriosus at 2-months of age. She was treated for recurrent pneumonia. However, respiratory distress persisted. She underwent a computed tomography (CT) thorax at 3-months of age, which is shown above (Figure 1).

What is the diagnosis?

Answer*: refer to page 111*

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DISCLOSURE: There is no conflict of interest and consent has been obtained from parents for use of these images.