Delayed syndrome of thoracic insufficiency: a consequence of non-rigid reconstruction of a large chest wall defect

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A 52-year-old woman experienced a thoracic insufficiency syndrome related to the imprisonment of the left scapula (Figs 1 and 2). A non-rigid reconstruction of a large chest wall defect was performed 6 years earlier after the resection of a T3 NSCLC of the left upper lobe invading five ribs.

Figure 1: (a) Post-operative (6 years po) CT scan representing the imprisonment of the scapula after a non-rigid reconstruction of a large posterolateral defect of the chest wall—frontal view. (b) Post-operative (6 years po) CT scan representing an insufficient chest wall reconstruction using a single PTFE mesh after broad posterolateral chest wall resection—transversal view.
Figure 2: Operative view and post-operative CT scan: (a) the surgical management required the complete removal of the ancient Gore Tex Mesh and the dissection of the scapula (b) Rigid reconstruction of the chest wall with a combination of Gore tex mesh 2 mm thickness (ePTFE Dualmesh 2 mm, Gore-Tex, W. L. Gore & Assoc., Flagstaff, AZ, USA) and (Titanium devices Strasbourg Thoracic Osteosynthesis System; MedXpert GmbH, Heitersheim, Germany). (c) Three-dimensional rigid reconstruction of the thoracic wall. (d) The imprisonment of the tip of the scapula is avoided.