Spontaneous pneumothorax in a patient with buffalo chest

Jong Bum Kwon, Seok-Whan Moon and Chan Beom Park*

* Corresponding author. Department of Thoracic and Cardiovascular Surgery, St Paul’s Hospital, 620-56, Jeonnong-dong, Dongdaemoon-gu, Seoul 130-709, Republic of Korea. Tel: +82-2-9582477; fax: +82-2-9604568; e-mail: drcs5223@daum.net; drcs5223@catholic.ac.kr (C.B. Park).

Received 18 October 2011; received in revised form 25 November 2011; accepted 28 November 2011

Keywords: Pneumothorax • Pneumonectomy • Complication • Buffalo chest • Tuberculosis

A 42-year old male presented with chest pain. Left pneumonectomy had been performed 15 years before for tuberculosis. A chest X-ray showed small left-sided pneumothorax (Fig. 1). A chest computed tomography revealed herniation of the right lung into the contralateral side (‘buffalo chest’) and a bilateral pneumothorax (Fig. 2). With oxygen supplementation, chest pain was relieved and the pneumothorax disappeared.

Figure 1: Chest X-ray showing left-sided pneumothorax and air–fluid level in right thorax.

Figure 2: (a) Chest computed tomography (CT) scan showing a bilateral pneumothorax. (b) Coronal CT image showing herniation of the right lung into the left hemithorax.