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Bilateral Sponataneous Pneumothorax in an Intravenous Drug Abuser

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Case description

A 29 years old male who has an addiction of injecting and sniffing heroin over 4 years, presented with complaints of progressive shortness of breath over three months time and dry cough which has increased over last five days. No history of bronchial asthma or any chronic lung disease was reported. He denied history of trauma. At the time of arrival in Emergency Room (ER), he was afebrile with BP of 95/60mm Hg, PR 86/min regular, RR 24/min, peripheral oxygen saturation of 96% with supplementation on nasal prongs. Respiratory examination revealed bilateral hyper resonant note with barely audible breath sounds. Rest of the examination was normal. His blood gas analysis revealed pH 7.34, bicarbonate 30 mmol/l, pCO2 56 mm Hg. 2D Echocardiography did not show any vegetation or valvular abnormality. Chest X-Ray revealed bilateral Pneumothorax (PTX) for which immediately chest tubes were inserted. Subsequently High-Resolution Computed Tomography (HRCT) Chest was done (Figure 1), which confirmed the findings. A diagnosis of bilateral spontaneous PTX was made with possibility of underlying talcosis as an etiology as suggested by history of sniffing heroin.

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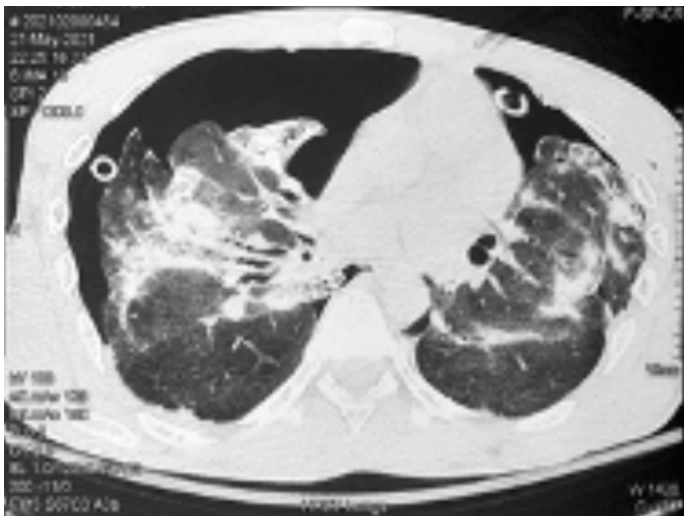

Figure 1: HRCT chest showing bilateral pneumothorax with ICTD in situ with bilateral fibro-atelectatic changes in lung parenchyma.

Discussion

Simultaneous occurrence of bilateral pneumothorax is a rare entity, seen in up to 1.9% cases of spontaneous pneumothorax [1]. Various risk factors include smoking, male sex, intravenous drug abusers, chronic lung diseases and immunocompromised status [2]. Patients with pulmonary talcosis mainly present with progressive exertional dyspnea [3]. Treatment of acute talcosis is usually supportive in addition to steroids. Permanently damaged lungs in chronic cases are best treated with lung transplant [4].

Contribution

AK- Writing the original manuscript, patient care and photography of the images.

MB- Manuscript supervision, expert guidance and patient care.

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We thank our patient for giving us the opportunity to examine and manage him with best of our knowledge.

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