



Lung Hernia 30 Years After Thoracic Trauma

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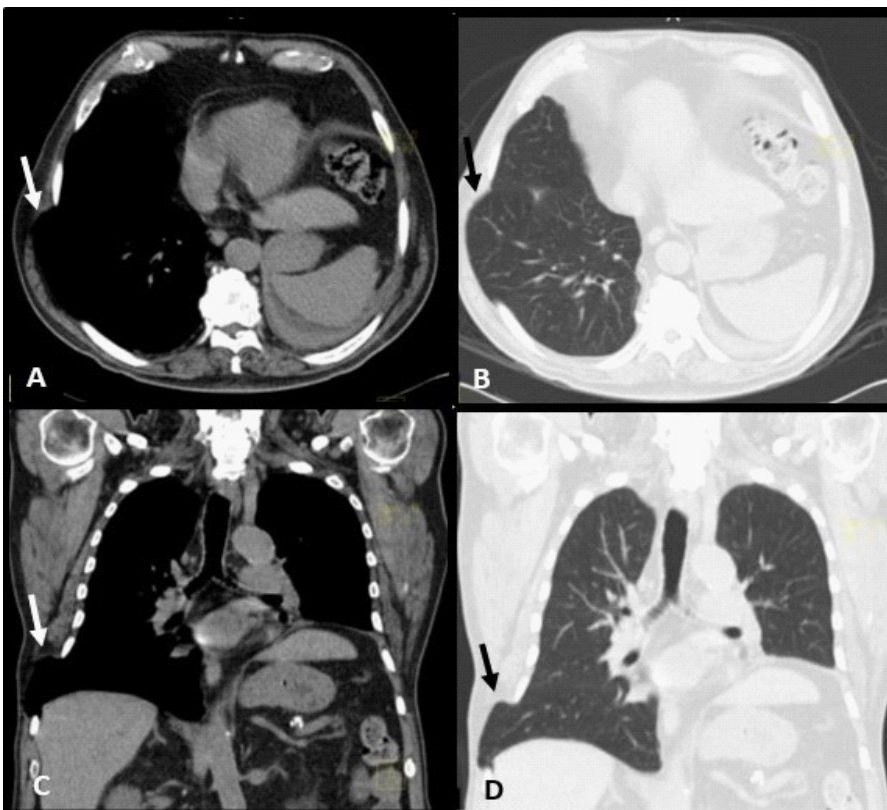
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Case report

A 75-year-old man presented with a soft, non-tender right subcostal mass of 6 months evolution. His medical history was remarkable for a non-penetrating thoracic trauma 30 years before. Physical exam revealed no pain or respiratory distress and vital signs were normal. A CT-scan showed protrusion of lung tissue (arrows) through a chest wall intercostal defect in axial (Figure 1A-B) and coronal (Figure 1C-D) views, images consistent with lung hernia.

Lung hernias can be congenital or secondary to trauma, surgery or intrathoracic pathology [1]. Traumatic hernias can be acute or be delayed for years making accurate diagnosis important to prevent lung strangulation [2]. Treatment strategies include a conservative approach and surgical repair, which is preferred for small defects, respiratory compromise or signs of impending incarceration [3]. In our patient, due to lack of symptoms and low probability of complications, close observation with a low threshold for surgery in case of progression was decided.





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