Reverse thoracoplasty

Thoracoplasty was formerly widely practised in the treatment of pulmonary tuberculosis (Odell, 2012). The most common form of thoracoplasty now is traumatic thoracoplasty, a process through which rib fractures heal in malunion with permanent deleterious changes in chest wall shape.

A 54-year-old man presented with persistent right chest wall pain 2 years after an accident in which he sustained multiple right-sided rib fractures. The injury resulted in traumatic thoracoplasty (*Figure 1a*) and chronic neuropathic-type pain. He underwent lengthening osteotomy of ribs 3–6 on the right side with internal fixation (*Figure 1b*) to make the thoracic cage more symmetrical. The result was complete relief of the pain.

Operating to fix such a condition remains a contentious issue (Fabricant et al, 2013), but the success of this case should prompt surgeons to consider surgical correction in the presence of prolonged chest pain with a background of traumatic thoracoplasty. The authors propose calling this operation 'reverse thoracoplasty'. **BJHM**

Mr JR Strickland, Medical Student, School of Medicine, Medical Sciences and Nutrition, University of Aberdeen, Aberdeen AB25 2ZD

Mr IM Stevenson, Consultant Trauma and Orthopaedic Surgeon, Aberdeen Royal Infirmary Trauma Unit, Aberdeen Royal Infirmary, Foresterhill, Aberdeen

Mr KG Buchan, Consultant Cardiothoracic Surgeon, Department of Cardiothoracic Surgery, Aberdeen Royal Infirmary, Foresterhill, Aberdeen

Correspondence to: Mr J Strickland (jonathan.strickland.12@aberdeen.ac.uk)

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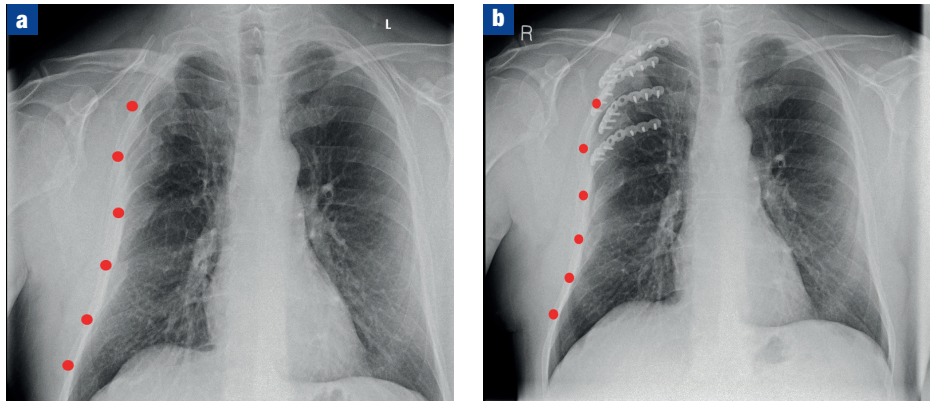
Figure 1. a. Preoperative X-ray showing accentuation of the sigmoid shape of the right chest (red markers) compared to **(b)** postoperative X-ray. The chest is more symmetrical than before surgery.



Radiation-induced sigmoid stricture: an important differential

A 70-year-old woman presented with severe abdominal pain. Computed tomography of the abdomen and pelvis showed a long, smooth, distal sigmoid stricture with a proximal bowel dilatation and perforation (*Figure 1*). The patient had cervical cancer treated with regional radiotherapy 4 years ago.

Even for benign strictures, determining the aetiology is important for treatment; surgical interventions are difficult in chronic radiation colitis because of the extension of fibrosis and alterations in the gut and mesentery (Kountouras and Zavos, 2008). The risk of anastomotic leak is high if the anastomosis uses irradiated tissue (Girvent et al, 2000).

Although less common than other causes, radiation-induced bowel stricture should still be in the differential diagnosis. The significant increase in cancer survival rates over the last few decades means that more patients present with severe late effects of bowel toxicity. **BJHM**

Dr Omar Abdulla, Specialist Registrar in Radiology, Department of Radiology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn BB2 3HH

Dr Emily White, Consultant Gastrointestinal Radiologist, Department of Radiology, East Lancashire Hospitals NHS Trust, Royal Blackburn Hospital, Blackburn

Correspondence to: Dr O Abdulla (omaralqadhali@yahoo.com)

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Figure 1. a. A smooth appearing stricture involving the distal sigmoid colon over a length of approximately 6 cm (long arrow). The stricture is extremely tight, with the lumen only measuring approximately 1–2 mm. The outer wall of the rectum appears smooth. **b.** Proximal to this, there is a breach in the colonic wall (short arrow) in keeping with a perforation.