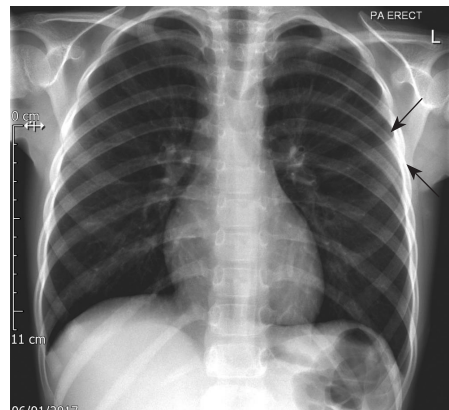


## A non-traumatic lump on the chest wall: isolated bifid rib

**A** 6-year-old girl presented with a hard lump over her upper left chest wall which had become more prominent over the previous 6 months with no associated pain or discomfort. Clinical examination confirmed presence of the lump in an otherwise well child. Chest X-ray (*Figure 1*) revealed fusion of the left 4th and 5th ribs

with no other abnormalities. A diagnosis of bifid rib was made. Ultrasound of the chest wall revealed no other abnormal findings. Explanation and reassurance was provided to the parents and the girl was discharged.

**Figure 1. Chest X-ray showed isolated bifid rib (arrows).**



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Bifid rib is a congenital anomaly with an estimated overall prevalence of 0.15–3.4%. It is usually an isolated, asymptomatic, unilateral anomaly (Kaneko et al, 2012). However, it may be associated with other congenital anomalies or genetic disorders, e.g. congenital scoliosis and nevoid basal cell carcinoma syndrome (Gorlin–Goltz syndrome), so complete clinical evaluation is suggested (Kaneko et al, 2012). In 105 patients with Gorlin–Goltz syndrome, bifid ribs were found in 26% of cases (Kimonis et al, 1997). **BJHM**

Kaneko H, Kitoh H, Mabuchi A, Mishima K, Matsushita M, Ishiguro N (2012) Isolated bifid rib: clinical and radiological findings in children. *Pediatr Int* 54(6): 820–823. <https://doi.org/10.1111/j.1442-200X.2012.03672.x>  
 Kimonis VE, Goldstein AM, Pastakia B et al (1997) Clinical manifestations in 105 persons with nevoid basal cell carcinoma syndrome. *Am J Med Genet* 69(3): 299–308. [https://doi.org/10.1002/\(SICI\)1096-8628\(19970331\)69:3<299::AID-AJMG16>3.0.CO;2-M](https://doi.org/10.1002/(SICI)1096-8628(19970331)69:3<299::AID-AJMG16>3.0.CO;2-M)

## An intrathoracic rib in a 3-year-old boy

**D**espite the high prevalence of rib abnormalities, intrathoracic and transthoracic rib are rare presentations of the abnormal rib (Shoop, 1969; Sayegh et al, 2009; Patil et al, 2014).

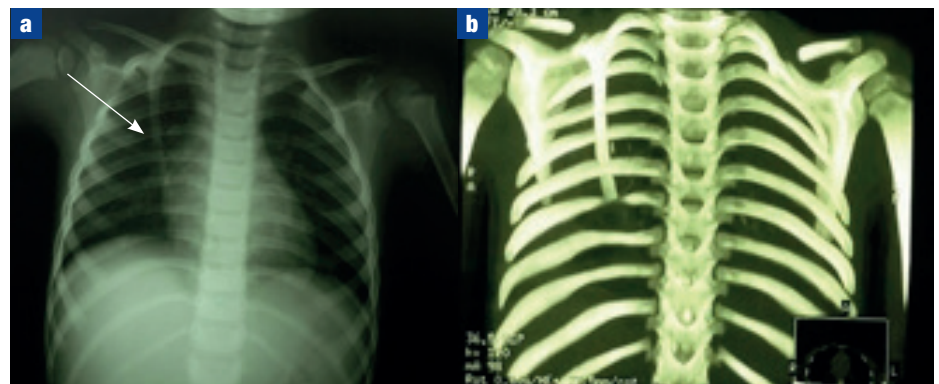
A 3-year-old boy presented with a 4-day history of cold and cough symptoms producing phlegm without blood and a high fever. He had been hospitalized with flu in the past year. Physical examinations were normal and there was no underlying

disease. He had been given cefixime and acetaminophen before he was admitted to hospital. His temperature on admission was 38.6°C and examinations were normal. A chest X-ray showed a cortical bone density with convex outer in the upper and middle third of the right hemi-thorax (*Figure 1a*). To confirm this as an intrathoracic rib, a computed tomography scan was taken which showed vertical bone in the posterior coronal view of a sixth rib (*Figure 1b*). **BJHM**

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 Sayegh K, Ajlan AM, Pescarus R, Belley G (2009) A congenitally floating intrathoracic rib: A case report with an overview of the literature. *Eur J Radiol Extra* 72(2): e75–e77. <https://doi.org/10.1016/j.ejrex.2009.06.008>  
 Shoop JD (1969) Transthoracic rib. *Radiology* 93(6): 1335–1336. <https://doi.org/10.1148/93.6.1335>

**Figure 1. a. Antero-posterior chest radiograph showing cortical bone density (arrow). b. Computed tomography scan of the chest in coronal view.**



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