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Traumatic extrathoracic lung herniation

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A 51-year-old man presented with thoracic trauma – while climbing a tree, a branch had penetrated his chest. On initial examination, part of the left lung was herniating from a wound approximately 7 cm wide at the intersection of the left 5th intercostal space and the midaxillary line. Bleeding and leakage controls were performed. Computed tomography scan of the thorax revealed a chest wall tissue defect, fractures of the fifth and sixth ribs, partial herniation of the left upper lobe through the upper chest wall defect (arrow), open pneumothorax (curved arrow), haemothorax (asterix), and subcutaneous emphysema (double arrow) in the left hemithorax (Figure 1). A 28 Fr chest tube was placed in the left hemithorax, the lung tissue was pushed in and the wound site was closed by primary repair. The chest tube was removed 3 days later. On the fourth day, the patient was discharged having made a full recovery.

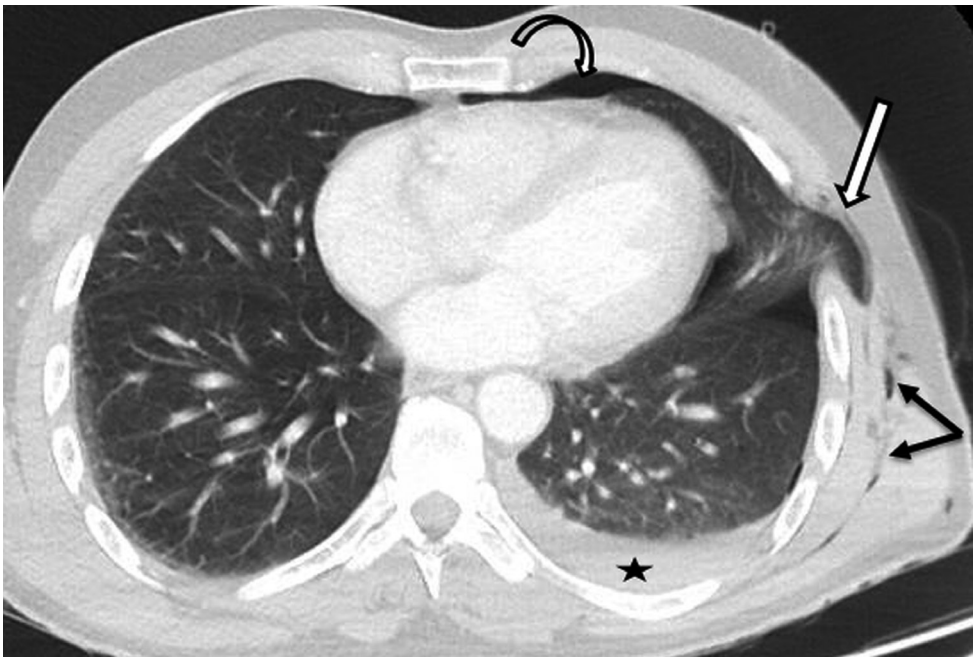

Figure 1. Thoracic computed tomography scan showing the extrathoracic lung herniation (arrow), pneumothorax (curved arrow), haemothorax (asterix) and subcutaneous emphysema (double arrow).

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