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Visual Diagnosis in Emergency Medicine

TOTAL LUNG COLLAPSE

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A 60-year-old woman, a heavy smoker, was admitted to the hospital with acute onset severe shortness of breath. Six months prior, she underwent diagnostic bronchoscopy to evaluate a shadow noted incidentally on a chest radiograph (Figure 1, arrow) and was diagnosed with squamous cell carcinoma of the right lung. The tumor was inoperable, and she had been receiving palliative radiation therapy only.

On physical examination, the breath sounds were absent on the right side. An X-ray study (Figure 2) showed complete collapse of the right lung with tracheal deviation (arrow) and shift of mediastinal structures to the collapsed right side. A computed tomography (CT) scan of the chest (Figure 3) revealed a collapsed right lung, surrounded by pleural fluid, and infiltrated with a large, cauliflower-like tumor mass (arrow).

The patient was intubated, and the tumor was irradiated; once the tumor bulk had decreased, the patient was extubated. One month after discharge, at an oncology clinic visit, the patient remained symptom free.

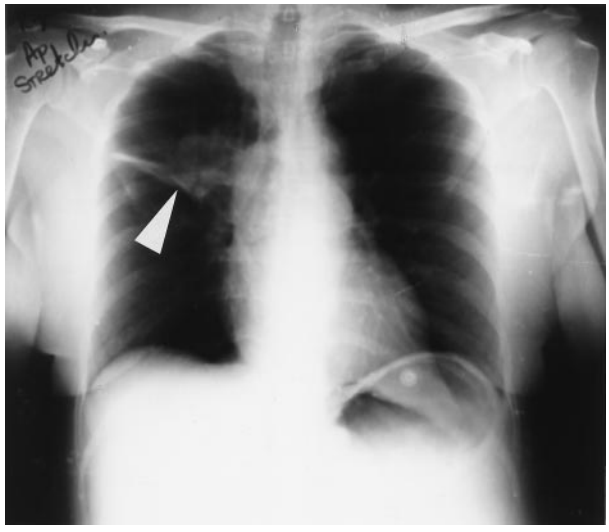

Figure 1. A suspicious mass lesion (arrow) in the right lung was incidentally discovered on chest X-ray study.

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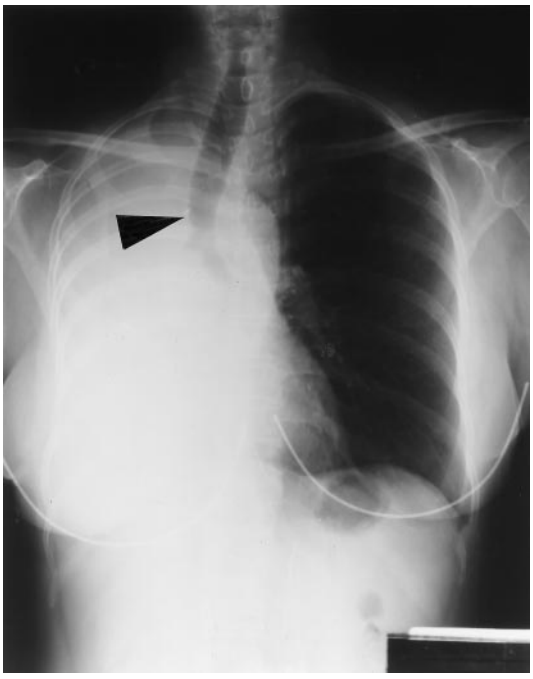

Figure 2. The right lung is collapsed with tracheal deviation (arrow) and mediastinal shift to the collapsed right side.

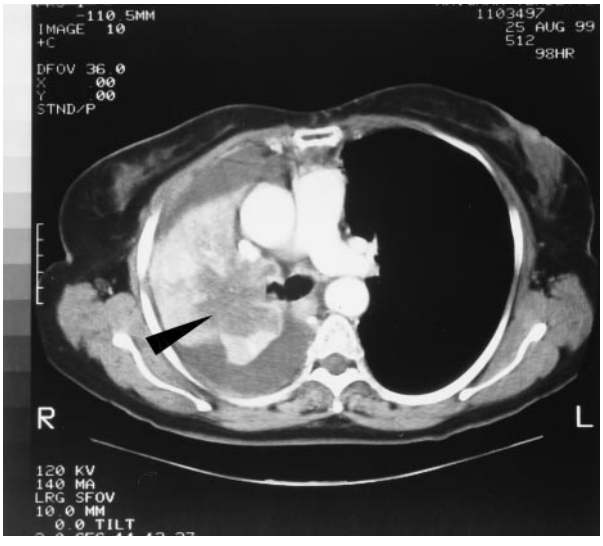

Figure 3. A gray, cauliflower-like tumor mass (arrow) is invading the collapsed, whiter right lung, which in turn is encircled by gray pleural fluid.