

Clinical Medical Image

Title: Fibrothorax as a Sequelae of Induced Pneumothoraces

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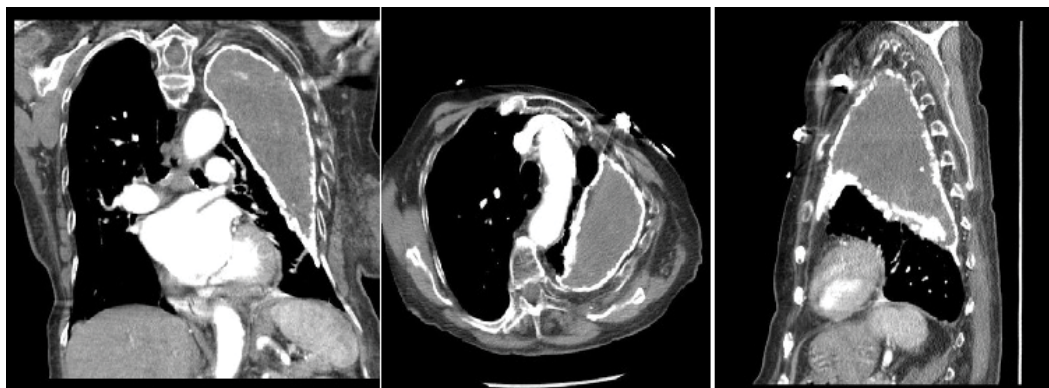


Figure 1: Chest radiograph showed a very large left-sided fluid collection surrounded by calcified pleura and collapse of the left lung.
Figure 2: CT scan of chest with contrast revealed a chronic appearing increased density left pleural effusion contained within thick calcified pleura.

Medical Image

A 91 years old female presented with chest pain and shortness of breath after a fall. Chest radiograph showed a very large left-sided fluid collection surrounded by calcified pleura and collapse of the left lung (Figure 1). CT scan of chest with contrast revealed a chronic appearing increased density left pleural effusion contained within thick calcified pleura (Figure 2). Upon further questioning patient reported that when she was 20 years old she had repeated punctures to her left chest to collapse the lung for the treatment of suspected tuberculosis. The air-filled pleural space eventually got transformed into calcified pleura with contained effusion. No further intervention was performed for this effusion as the patient's symptoms improved. She did not have any symptoms before the fall.

Before the advent of anti-tubercular drugs, inducing pneumothorax to collapse the affected lung was one of the modalities for the treatment of pulmonary tuberculosis. This was done to create an anaerobic state in the affected lung that would create a hostile environment for *Mycobacterium tuberculosis*. This unique feature of calcific pleural effusion/fibrothorax may be seen as a sequela in patients who had induced pneumothorax for treatment of tuberculosis.

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