Carcinoma of Bronchus Presenting as Hydropneumothorax

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Lung cancer is one of the common malignancies encountered in daily practice, but its presentation as hydropneumothorax is rare.

We report a 50 year old male, who presented to us with breathlessness and cough for last 1 month. On examination, patient was dyspneic with respiratory rate of 28 per minute, pulse rate of 94 per minute, BP of 116/70 mm of Hg. Chest examination revealed decreased movement of the right hemithorax. Percussion revealed increased resonance in supraclavicular, infraclavicular and suprascapular area, with stony dullness in other area. Breath sound was absent throughout the right side, but a succussion splash was audible. Chest X-ray revealed a hydropneumothorax, with collapsed lung (Figure 1), which was drained with a 16 gauge needle. A repeat chest X-ray (Figure 2) after drainage demonstrated that upper lobe had expanded but showed air bronchogram in the region of middle lobe, with encysted pneumothorax in the right lower zone. Later on bronchoscopy and HRCT thorax showed presence of a mass obstructing the middle lobe bronchus, which in FNAC turned out to be bronchial adenocarcinoma. Patient subsequently succumbed to the disease.

Common roentgenological findings in lung malignancy are solitary pulmonary nodule, thick wall cavity, hilar prominence, mediastinal widening, pleural effusion and recurrent pneumonitis in a particular lobe, but presentation as hydropneumothorax and pneumothorax is rare. In our case chances of iatrogenic pneumothorax was ruled out, as patient denied any history of pleural fluid aspiration outside our hospital.

Fig. 1: Right sided hydropneumothorax, with collapse (Black arrow head): Before fluid aspiration
Fig. 2: After drainage Black Arrow Head: Right side air bronchogram, in the middle lobe. White ArrowHead: Encysted pneumothorax in lower zone.

References

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