

Images

Pneumothorax and skin fold

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In the practice of emergency medicine it is frequent to hesitate between a pneumothorax - which requires specific therapeutic action - and false images such as those produced by skin folds. We present a case that illustrates this situation. A 72-year-old male with a history of chronic obstructive pulmonary disease was admitted to the Intensive Care Medicine Department for postoperative observation after undergoing a hemicolectomy. After intubating the patient and obtaining access in the right subclavian vein, we requested a chest x-ray (Image 1) at the operating theatre. The x-ray showed an infiltrate at the base of the right lung and the image of pneumothorax (large arrow) and subcutaneous emphysema on the left (small arrow). As there was no concordance in the findings of the pulmonary auscultation, the x-ray and the patient's clinical

stability, we decided to do an urgent x-ray which did not show the previous findings (Image 2). The skin fold sign is relatively frequent. In order to distinguish it from pneumothorax we can use the classical signs: absence of peripheral bronchovascular markings, good demarcation of the cardiac silhouette, decreased density of the lung parenchyma and presence of air in the costophrenic angle, none of which was present in this case^{1,2}.

REFERENCES

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- 2- Van Gelderen. Pseudopneumothorax simulated by a skin fold. *S Afr Med J* 1992;82:60.

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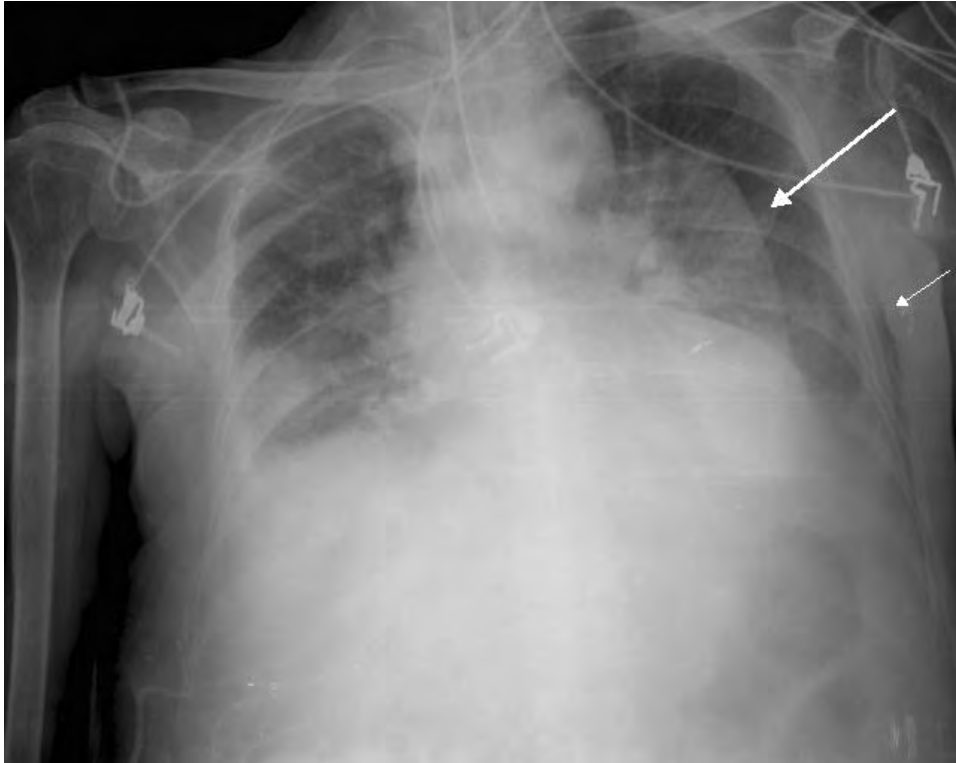


Image 1. Chest x-ray showing a skin fold simulating a pneumothorax (large arrow) and the presence of subcutaneous emphysema (small arrow).

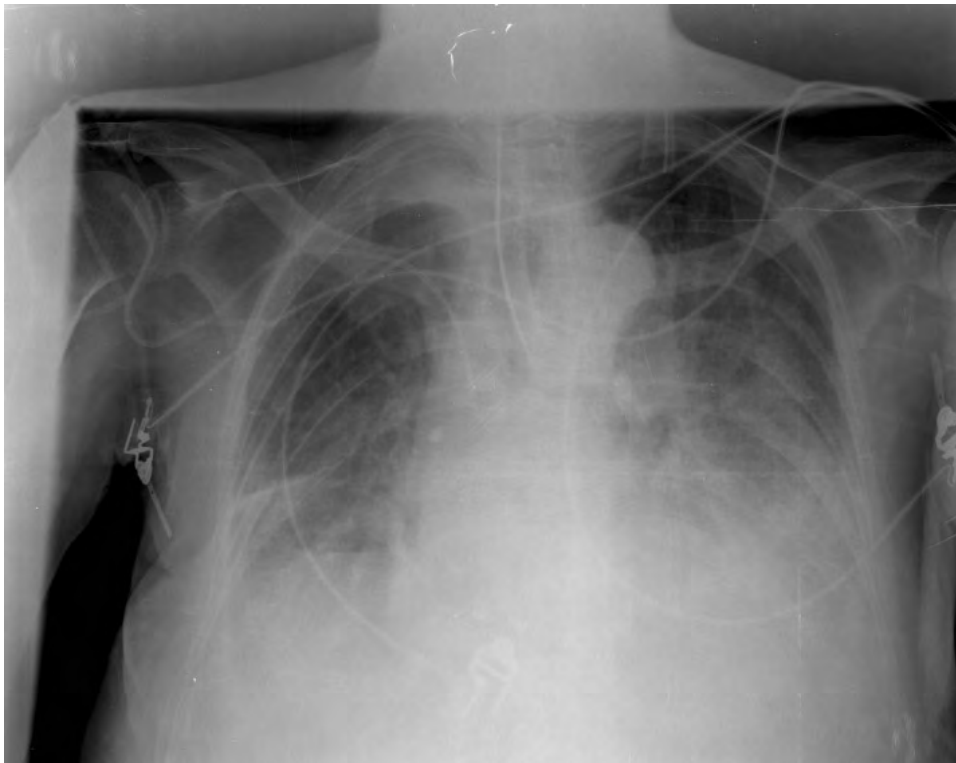


Image 2. Chest x-ray done a few minutes after that in Image 1; it does not show a skin fold (or false pneumothorax).