



IMAGES

Lung hernia secondary to intercostal muscle paresis after episode of thoracic herpes zoster

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A 65 year-old man with a history of chronic obstructive pulmonary disease (COPD) visited the emergency department for right chest pleuritic pain of 24 hours duration, following a bout of coughing. In addition, he presented hematoma in the thorax and right abdomen. Fifteen days before, he had been diagnosed with herpes zoster of the right D7-D8 dermatomes. There was no history of trauma. On examination a tumor was observed on the axillary line, between

the 8th and 9th ribs. Positron computed tomography (CT) of the chest (Figure 1) showed a pulmonary hernia in the intercostal space of the 8th and 9th right ribs (immediately posterior to the axillary line) and a chest wall hematoma. No rib fractures were observed. The patient improved after treatment with levofloxacin, copper sulfate fomentos and use of a chest band. Follow-up CT scan at one month showed the absence of pulmonary hernia.

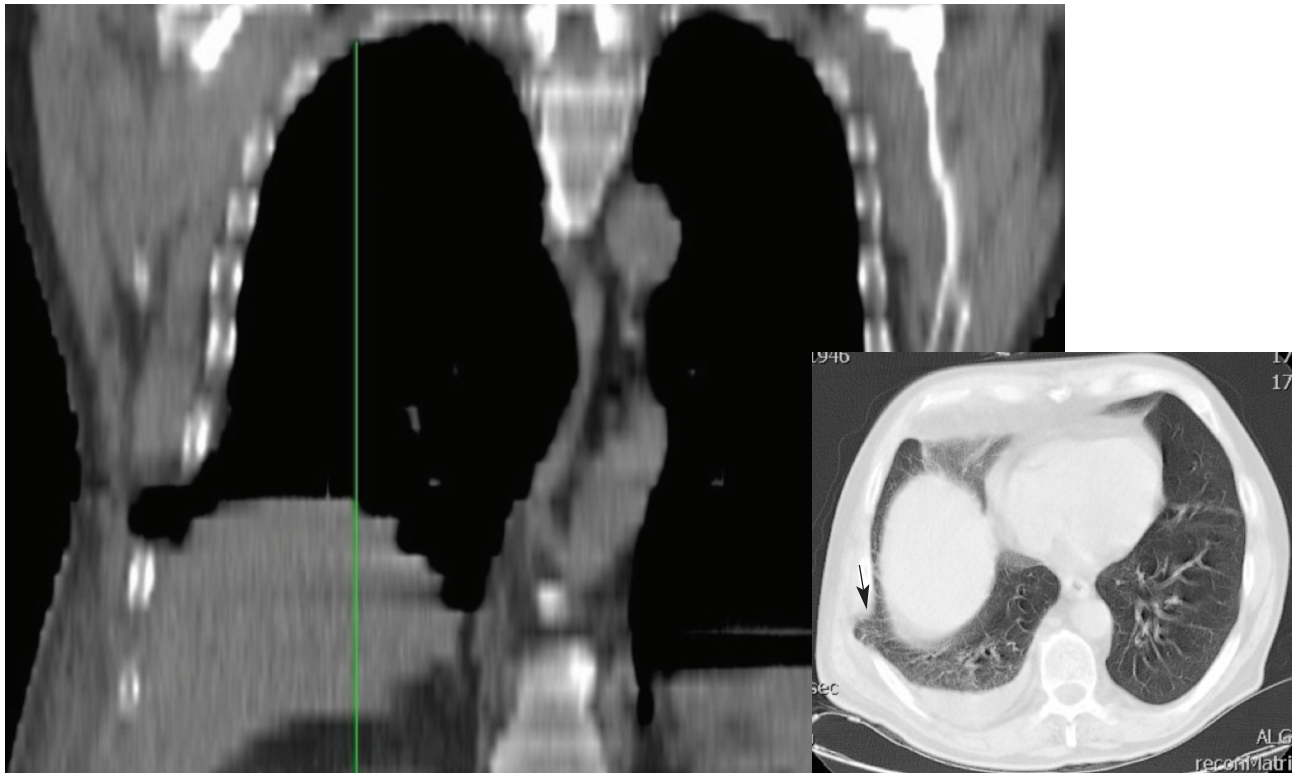


Figure 1. CT scan showing herniated lung wall in coronal and transverse slices (bottom right), in the intercostal space between the 8th and 9th ribs (arrow).

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