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Pneumothorax or pseudopneumothorax?

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Here a 91-year-old male patient is presented who complained of left chest pain and shortness of breath after a percutaneous vertebral facet blockage. He has been treated for congestive heart failure for years. The initial AP chest x-ray was performed bedside, showing a curved sharp lucent line very convincing for a left sided iatrogenic pneumothorax (Figure 1a). However on auscultation, the lung sounds were similar at both apical regions. Then a PA chest X-ray was performed at the radiology unit which showed no evidence of pneumothorax (Figure 1b). We concluded that skinfold in the elderly patient mimicked pneumothorax which is known as Mach band effect [1].



Figure 1. Skin fold mimicking a left sided pneumothorax (AP projection) (a), PA chest X-ray showing no evidence of pneumothorax (b).

We recommend to all our colleagues that chest x-rays be taken in an upright position, PA projection, and clinical evaluation should be performed to eliminate an unnecessary chest tube insertion. Written informed consent was obtained from the patient for the publication of his data.

Keywords: invasive procedures, diagnostic imaging, pneumothorax

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Reference

 Kattea MO, Lababede O. Differentiating pneumothorax from the common radiographic skinfold artifact. Ann Am Thorac Soc 2015; 12: 928-31.

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