A 60 year-old man admitted to emergency clinic with palpitation and dyspnea complaints. His past medical history included car accident and pelvic fracture. Chest x-ray revealed suspicious a large lung bullae and chest computed tomography scan was performed. Totally viscerothorax was detected on chest CT scan (Figure 1). Nasogastric tube was inserted and operating room was prepared but the patient did not accepted the surgical procedure.

Traumatic viscerothorax is migration of abdominal viscera especially stomach and colon into the thoracic cavity through the ruptured diaphragm [1]. The clinical and radiological findings of viscerothorax may simulate giant lung bullae. Viscerothorax should be considered in the differential diagnosis of giant lung bullae. Because management of the both condition is very different. Viscerothorax is an emergency situation and emergency surgery is required following the nasogastric tube placement [2].

References