

Vanishing Lung Syndrome of Uncommon Size

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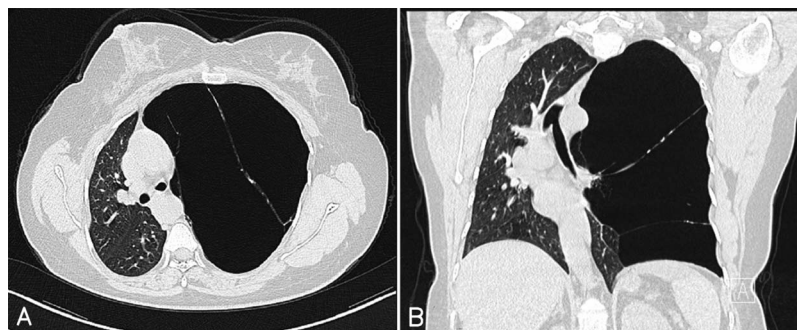


FIGURE 1

CLINICAL PRESENTATION

A 48-year-old female nonsmoker was admitted to our hospital with a 10-year history of chronic chest tightness and dyspnea. Physical examination revealed decreased breath sounds and hyperresonance to percussion in left lung. Chest x-ray showed a hyperlucent left hemithorax with a severe rightward mediastinal shift, which was suggestive of tension pneumothorax. But high-resolution computed tomography of the chest revealed that several giant bullae occupying almost the entire left hemithorax with severe mediastinal displacement to the right (Figure 1), which was consistent with vanishing lung syndrome. This patient successfully underwent video-assisted thoracoscopic resection of the left giant bullae and is currently without residual symptoms.

Vanishing lung syndrome, also termed idiopathic giant bullous emphysema, is a progressive bullous disease that often occurs in young male smokers.¹ Roberts et al² proposed the radiographic criteria that include giant bullae in 1 or both upper

lobes occupying at least one-third of the hemithorax and compressing the surrounding parenchyma. High-resolution computed tomography plays an important role in differentiating giant bullae from tension pneumothorax. Bullectomy is the treatment of choice for patients presenting with dyspnea and giant bullae. We report a successful resection of giant bullae by means of video-assisted thoracic surgery, even when giant bullae occupied the entire hemithorax, and residual lung remained a collapsed state for a long period.

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