

CLINICAL SNAPSHOT

A 76-Year-Old Man with COPD and Acute Dyspnea



Chest CT two days after admission showed marked pulmonary parenchymal changes, a small residual pneumothorax around the periphery of the lung (*), and multiple pulmonary masses (→). Accidental dislodgement of the chest tube led to extensive soft-tissue emphysema of the chest wall (►).

A 76-year-old man who was undergoing treatment for COPD with non-invasive ventilation was sent to the emergency room because of acute dyspnea, with the suspected diagnosis of an acute COPD exacerbation. On auscultation, there were diminished breathing sounds on the right side of the chest. A chest x-ray showed a tension pneumothorax, which was treated immediately with a chest tube. Computerized tomography of the chest two days later showed interstitial changes of the lung parenchyma, with multiple masses (Figure).

On further questioning, a history of pulmonary silicosis was disclosed. Imaging studies revealed multiple brain metastases and an adrenal mass; lung cancer due to silicosis was suspected. The patient died of pneumonia with septic multiple organ system failure.

Even in patients with known pre-existing COPD, dyspnea has a broad differential diagnosis. Patients complaining of dyspnea must be examined for serious conditions, and in particular for pneumothorax, which requires immediate intervention and may be worsened by non-invasive ventilation.

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Conflict of interest statement

The authors declare that no conflict of interest exists.

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