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CASE IMAGE

Extreme left diaphragm displacement in the context of tension pneumothorax after cardiac surgery

Kalp cerrahisi sonrası tansiyon pnömotoraks varlığında sol diyaframın aşırı yer değişimi

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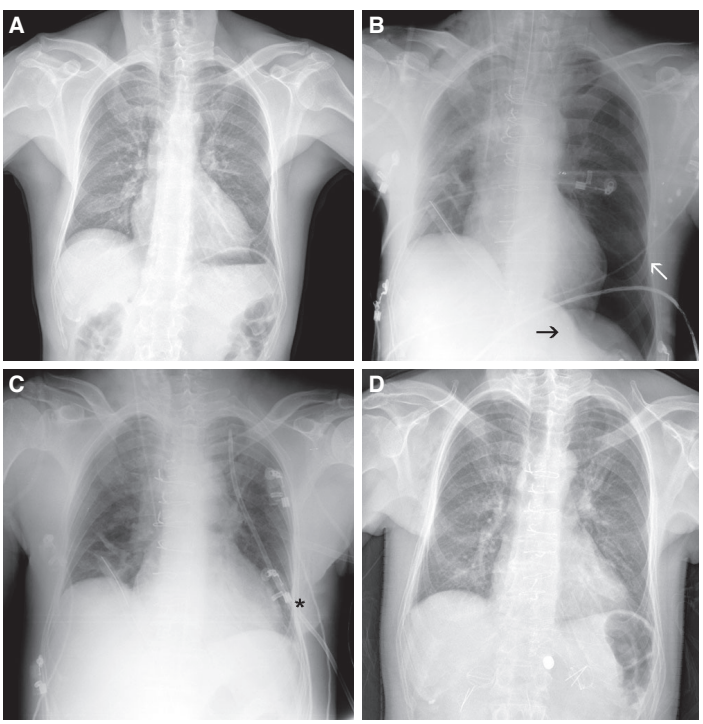
A 45-year-old male patient without previous history of disease was submitted to cardiac surgery for resection of left atrial myxoma. During immediate postoperative period, sudden hemodynamic instability occurred. Tachycardia, hypotension, and diminished lung sounds on left side were detected. Despite mechanical ventilation, condition worsened to severe respiratory distress and refractory arterial oxygen desaturation. Preoperative chest radiography was normal (Figure A). Due to clinical deterioration, emergent postoperative chest radiography was ordered, which revealed larger left pneumothorax associated with massive left lower lobe collapse. Furthermore, massive displacement of left hemidiaphragm was evident, due to extreme intrathoracic pressure reached (Figure B). It was a remarkable finding that drove diagnosis. Upon diagnosis, chest tube was inserted. Insertion of left chest drainage achieved pulmonary re-expansion, and the left hemidiaphragm returned to original location (Figure C). After 48 hours, chest tube was removed. Follow-up chest radiography was normal (Figure D). The patient was discharged 7 days postoperatively.



Figures– (A) Normal preoperative chest radiography with same level of both hemidiaphragms. **(B)** Postoperative chest radiography showing left tension pneumothorax and collapsed lower lobe (white arrow) and massive left hemidiaphragm displacement (black arrow). **(C)** Chest radiography after left chest tube insertion showing left pulmonary re-expansion with left hemidiaphragm in its original position. **(D)** Chest radiography before patient discharge.