Bilateral Spontaneous Pneumothorax*

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The case report presented here is of bilateral spontaneous pneumothorax in a 57-year-old white mill worker who experienced sudden excruciating bilateral chest pain while at work. This was accompanied by extreme dyspnea, apprehension, and diaphoresis. He was rushed to the nearby emergency room where he was found to be in extreme cyanosis and dyspnea. He gave no history of previous hospitalization or serious illness. On physical examination, the patient was cyanotic, apprehensive, and exhibiting profuse diaphoresis.

His blood pressure was 90/60, pulse 140, respiration 40 per minute, temperature 99.8°F. Examination of the chest revealed bulging of the intercostal spaces and hyperresonance throughout. There was marked diminution of breath sounds bilaterally. The heart rate was 140 and regular. The heart sounds were distant. There was no audible murmur. An electrocardiogram was consistent with acute cor pulmonale. The immediate portable chest x-ray film showed complete collapse of the right lung and 80 to 85 per cent collapse of the left lung (Fig. 1). There was a tenting of the left upper lobe by an adhesion in the left apex. Immediate treatment consisted of bilateral needle air aspiration with removal of 1500 ml. from the left hemithorax and 2000 ml. from the right hemithorax. This was followed by immediate relief of symptoms and decrease in the heart rate to 100. However, symptoms returned within the hour and bilateral closed thoracotomy with water suction drainage was established. Repeat chest x-ray film showed the lungs to be inflated bilaterally. Over the period of the next three days, he had serial x-ray films done which showed alternate recurrence of the pneumothorax (Fig. 2). When both lungs were completely expanded, an open right thoracotomy with wedge resection of apical blebs and parietal pleurectomy was performed. The lung was 100 per cent inflated after surgery and remained so (Fig. 3). Closed thoracotomy drainage was continued on the left side with sustained inflation of the lung. All thoracotomy tubes were removed three days fol-

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They reported a 22-year-old man in 1960 who was treated by bilateral open thoracotomy.

In 1961, Brantley et al. reported a 26-year-old pregnant woman with bilateral spontaneous pneumothorax; a bilateral closed thoracotomy with drainage was done. Later, open right thoracotomy was performed with removal of blebs.

In 1961, Adler et al. reviewed 95 cases of spontaneous pneumothorax and had five bilateral cases.

We feel that our case is unique in that the pneumothorax was complete on the right side and almost complete on the left. We were not for a left apical adhesion which tented the left upper lobe and allowed the patient bare survival. The immediate establishment of bilateral closed thoracotomy with suction drainage appears to be the treatment of choice followed very soon by open thoracotomy, unilateral or bilateral, depending upon the case and the status of the patient.

REFERENCES


SURGICAL MANAGEMENT OF PLEURO-PULMONARY AMEBIASIS

In a ten-year review, about 100 cases of amebic hepatitis were treated by Dr. Ernest B. Sundaram, Bareilly, India. In the same period, ten cases of amebic pleural effusion, three with amebic lung abscess, one patient with amebic bronchiectasis and one suffering from amebic empyema were treated. Since amebiasis is endemic in this area, the problem of diagnosis of amebic lung abscess was approached in the following manner: (a) high index of suspicion; (b) scrapings from abscesses; (c) bronchograms to prove concomitant liver abscess communicating with the lung abscess; (d) sputum examinations for endameba (unsuccessful in this series), and for muscle fibers (Manson-Bahr); (e) clinical evaluation; (f) stool or sigmoidoscopy examination: positive results for amebic cysts in 14 cases. Surgical procedures: (a) simple aspiration of pleural effusions (ten cases); (b) empyema drainage (1); (c) lobectomy (2); (d) drainage of liver and concomitant lung abscess (1). Surgical treatment was undertaken only when medical measures failed to give adequate cure.

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