This 19-year-old man was hospitalized because of right parasternal pain for six months. He had productive cough, weakness and repeated large hemoptyses for four months. For about two months, the patient had noticed a small, soft, slightly tender swelling in the right second intercostal space parasternally. Aspiration of the nodule produced about 5 ml of thin, brown fluid which was sterile on culture. Tuberculin test was positive and Casoni's test was negative. Bronchoscopy and Papanicolaou smear of bronchial washings gave negative results.

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Diagnosis: Chronic Tuberculous Abscess

The roentgenograms (Fig 1 and 2) revealed a large, rounded, sharply-defined mass in the right anterior hemithorax. Bronchography showed only slight displacement of the middle lobe bronchus inferiorly.

At thoracotomy, a firm cystic mass 10 cm in diameter was adherent to and partly covered by the anterior segment of the right upper lobe. At one point, the mass communicated with a bronchus in the adjacent right upper lobe. In the second intercostal space parasternally, the cyst wall could not be dissected off the ribs and sternum. At another location it was firmly adherent to the pericardium. The mass was excised and the swelling in the chest wall was drained.

Grossly, the cyst wall was thick and rough. Organized blood clots filled the cyst and were adherent to its wall. Histologically, the cyst wall revealed tuberculosis.

Tuberculous cold abscess may involve rib, costal cartilage, sternum, endothoracic fascia, parietal pleura or lymph node. It is probably the result of caseating tuberculous lymphadenitis. A localized cold abscess in the parasternal region usually develops from suppurative lymph node lying along the internal mammary vessels. This may be the pathogenesis in our patient. His abscess was close to and was abundantly supplied by the internal mammary artery. The blood inside the cyst may have come from this vessel. The bronchial extension probably accounts for the repeated hemoptysis.

In the early phase, a cold abscess often feels hard and solid, and may easily be confused with tumor of the chest wall at surgery. Many patients do not show any radiologic changes in the ribs. The aspirated material is often sterile.

The differential diagnosis includes benign thymic cyst, malignant thymoma, dermoid and other tumors of the lung and mediastinum.

REFERENCES


Rogers Heart Foundation Annual Seminar

The Rogers Heart Foundation Annual Seminar will be held in Mexico City, October 29-November 2, and Henry J. L. Marriott, St. Petersburg. For further details, write the Rogers Heart Foundation, 500 First Federal Building, St. Petersburg, Florida 33701.

Southern Thoracic Surgical Association Meeting

The 15th annual meeting of the Southern Thoracic Surgical Association will take place at the Sheraton Puerto Rico Hotel, San Juan, November 14-16. Further information may be obtained from the Secretary, Dr. Hawley H. Seiler, 517 Bayshore Boulevard, Tampa, Florida 33606.

Cardiovascular Surgery Survey, ACCP

The Committee on Cardiovascular Surgery of the American College of Chest Physicians is conducting a survey concerning the performance of cardiac pacemakers. All interested surgeons wishing to participate in this study by means of questionnaire should contact Dr. G. H. Lawrence, 1118 Ninth Avenue, Seattle, Washington, co-chairman of the project.