Asymptomatic Right Lower Thoracic Nodule

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This 56-year-old asymptomatic woman presented for evaluation of a right lower thoracic lesion detected on routine chest roentgenogram. A review of previous chest roentgenograms revealed that the lesion had been present for three and possibly five years, but was partially obscured by the dome of the right hemidiaphragm and consequently overlooked. On fluoroscopy, the lesion appeared to move in unison with the right hemidiaphragm.
Diagnosis: Herniated Liver Tissue

The PA teleroentgenogram of the chest (Fig 1) shows the nodule overlying the right hemidiaphragm. The laminagram at 9 cm (Fig 2) shows no calcium within the lesion.

At thoracotomy, the tendinous portion of the right hemidiaphragm showed numerous small defects varying from 2 to 6 mm in diameter. A 2x2 cm nodule of liver had herniated through one of these defects. It was replaced into the abdominal cavity and the diaphragmatic defect repaired. The postoperative chest roentgenogram was normal.

Herniation of liver tissue into the thoracic cavity is a well-known although infrequent complication of trauma. It may present at the time of injury or may be discovered years later. However, the roentgen appearance in these patients is totally different from our case. The traumatic hernia usually involves a large amount of hepatic tissue and the diaphragmatic defect repaired. The postoperative chest roentgenogram was normal.

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REFERENCES


Call for Abstracts

American Thoracic Society

The Annual Meeting Committee invites submission of papers on all Scientific Aspects of Respiratory Disease for presentation at the 1973 Annual Meeting in New York City, May 20-23. Membership in the Society is not a prerequisite to participation on the program.

Abstracts:

Abstracts of papers should be submitted before January 19, 1973 to the Chairman of the Annual Meeting Committee. Abstracts of papers from investigators outside the United States will be welcome provided they are in English and are submitted with the understanding that all papers accepted must be presented clearly in English at the Annual Meeting. All abstracts will be reviewed by the Annual Meeting Committee. Selection will be largely based on the areas of interest suggested by you and others receiving this invitation and the completeness of the abstract.

Abstracts shall indicate clearly the nature of the work being presented and the conclusions. Abstracts shall also state that this ATS meeting is the first time the work will be presented, or give the meeting and date at which the same or similar work has been previously presented, or give the references if it has been published.

Presentations will be limited to 10 minutes with 5 minutes allowed for discussion.

Authors will be notified by March 1, 1973, if their papers have been accepted for presentation.

Abstracts of the papers selected for presentation at the Annual Meeting will be published in the American Review of Respiratory Disease. Medical papers presented at the meeting may be submitted to the American Review of Respiratory Disease for publication after the Annual Meeting, if the author so desires.

The required forms and instructions can be obtained by writing: John H. McClement, M.D., Chairman, Annual Meeting Committee, American Thoracic Society, 1740 Broadway, New York, New York 10019

Exhibits and Scientific Films

The Annual Meeting Committee invites scientific and technical exhibits and films in all aspects of respiratory disease for presentation at the 1973 Annual Meeting in New York City, May 20-23. Membership in the Society is not a prerequisite to participation in the exhibit and film program.

Those interested are urged to submit applications not later than January 19, 1973 to ensure appropriate consideration and selection by the committee for available exhibit space.

Applications may be obtained by writing to John H. McClement, M.D., Chairman, Annual Meeting Committee, American Thoracic Society, 1740 Broadway, New York, N.Y. 10019.

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