



ORIGINAL RESEARCH PAPER

Pulmonary Medicine

A RARE CASE OF VANISHING LUNG DISEASE DIAGNOSED DURING DELIVERY.

KEY WORDS:

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A 25-year-old female with G2P1L1 and 35 weeks of gestation in active labour was admitted for delivery. There was no history of smoking /Biomass Fuel exposure. There was no past medical history of recurrent chest infections. The physical examination revealed absence of breath sounds and hyper-resonance of the left hemithorax. Radiological investigation was avoided as she was in labour. Post LSCS on day 2 HRCT chest was done which showed hyperinflated left lung with herniation towards the right and a large emphysematous bulla on the left lower lobe with shift of mediastinum to right, Pulmonary function tests, arterial blood gas analysis and α -1 antitrypsin levels were normal.

Giant bullous disease, known as the vanishing lung syndrome, is a very rare condition in young, where one or more bullae can enlarge and fill more than one-third of the hemithorax compressing the surrounding normal lung parenchyma causing mediastinal shift. This disease usually has a strong association with COPD with bilateral disease in patients with significant smoking history or in females with biomass fuel exposure.

Chest Management -

Bullectomy or lung volume reduction surgery is considered the definitive treatment of choice but as the patient just had a delivery and she was asymptomatic, she was suggested for regular follow up.

Contributors-

All authors have equally contributed to plan, conduct and report the work described in the article.

Patient informed consent Obtained.

HRCT Images-

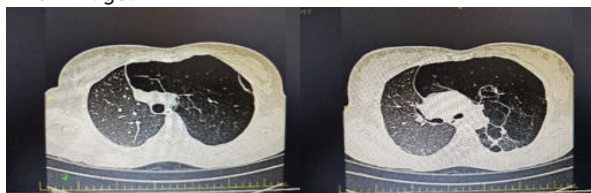


Fig 1 - Severe Emphysematous changes in entire left lung with herniation towards right

Fig 2- Normal Right Lung

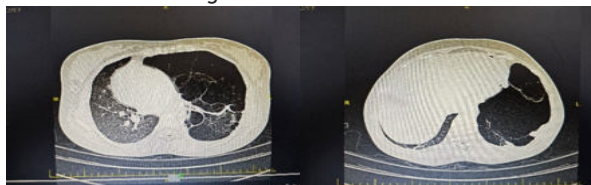


Fig 3- Mediastinal shift to right side

Fig 4-Emphysematous bulla in the left