Living without a sternum for a decade

Rami N Khouzam MD FACC FACP FASNC¹, Magued N Khouzam MD FACS FICS², Robert D Buck MD³

A 76-year-old man with a history of coronary artery disease had undergone coronary artery bypass surgery more than 10 years previously. The surgery was complicated by a wound infection leading to sternal osteomyelitis requiring debridement, partial sternectomy and partial rib resection. Reconstruction surgery in the form of a transposition flap using an omental patch was performed, leaving him with incomplete bony structures in the anterior chest wall. Part of the heart and lungs went unprotected by a thoracic cage for more than a decade. Video 1 shows a herniated omental patch and underlying structures, namely the stomach and the transverse

colon, protruding and pushing prominently against the skin in the upper abdomen and the anterior chest wall, in an impressive manner. Figure 1A shows a lateral chest x-ray demonstrating the hernia, with the transverse colon among its contents. Figure 1B shows a computed tomography (CT) scan of the abdomen demonstrating oral contrast in the herniated fundus and upper body of the stomach. Figure 1C shows a CT scan of the chest (bone window) demonstrating the missing sternum inferior to the manubrium. Figure 1D shows a CT scan of the chest (lung window) demonstrating a gas pattern in the herniated transverse colon.

Figure 1

¹Division of Cardiovascular Diseases, Farmington Heart Center, Farmington, New Mexico; ²Division of General and Advanced Laparoscopic Surgery;

³Division of Radiology and Interventional Radiology, Whitesburg ARH Hospital, Whitesburg, Kentucky, USA

Correspondence: Dr Rami N Khouzam, 92 Fleet Place, Mineola, New York 11501, USA. Telephone and fax 516-780-7124,

e-mail khouzamrami@yahoo.com

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