Reminder of important clinical lesson

Chest radiograph appearances 63 years after 'plombage' performed for cavitating tuberculosis

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An 82-year-old woman had a recent routine chest radiograph when she presented with a tachycardia. This demonstrated the result of a surgical procedure performed for pulmonary tuberculosis in 1947. Examination revealed a large, left sided, vertical dorsal thoracotomy scar.

In the late 1940s, single agent chemotherapy with streptomycin could not guarantee a cure for pulmonary tuberculosis. Concomitant with streptomycin therapy, our patient received six sessions of induced pneumoperitoneum on a weekly basis. This was considered to be an easy and safe procedure, which was often combined with a technique to crush the phrenic nerve, particularly if the infection was unilateral.¹

Our patient then underwent insertion of an inert sponge material to collapse her left apical disease. The theory was that this would 'rest the lung' and promote healing by obliterating cavitating lesions.

This technique of collapsing the lung is termed 'plombage' and was often achieved with the insertion of Lucite (a transparent thermoplastic acrylic resin) balls or more recently plastic ping-pong balls. Other substances included fat, solid paraffin wax, liquid olive or mineral oils, or even bone. As recently as 1998, seven patients with multidrug resistant strains of *Mycobacterium*, causing cavitating disease, underwent collapse therapy with polystyrene sphere plombage.²

Figure 1 An anteroposterior chest radiograph showing a left apical mass lesion with a smooth outline.

Published images often show plombage with easily recognised 'balls', unlike the appearances in our patient (figure 1) which might easily be misinterpreted as an apical mass with similar appearances to that of a tumour.

The patient remains free of tuberculosis 63 years following this procedure.

Competing interests None.

Patient consent Obtained.

REFERENCES

1. **Yeh J.** Pneumoperitoneum in pulmonary tuberculosis. *Can Med Assoc J* 1952;**66**:553–6.
2. **Jouvesshomme S,** Dautzenberg B, Bakdach H, *et al.* Preliminary results of collapse therapy with plombage for pulmonary disease caused by multidrug resistant mycobacterium. *Am J Respir Crit Care Med* 1998;**157**:1609–15.

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