CLINICAL SNAPSHOT

A “Starry-Sky” Chest X-Ray

A 56-year-old woman presented to the emergency room with palpitations. The diagnostic evaluation yielded no evidence of an acute illness, but a chest x-ray revealed a surprising finding: many small, round, radio-opaque structures with a density typical of calcifications, measuring 1–2 mm in diameter, were found to be disseminated in both lungs. When this was mentioned to the patient, she provided the key information that obviated further differential diagnostic considerations. As a young adult, she had suffered from a severe case of varicella pneumonia. The abnormalities on her chest x-ray were long-standing and well known to her. The literature describes disseminated micronodular calcifications as a typical, albeit rare, residual finding in the aftermath of varicella pneumonia. Other elements in the differential diagnosis of this finding, such as silicosis or calcific metastases, did not need to be considered in this case due to the detailed history. The fact that the foci were calcified (easily recognizable by their high density in comparison to the ribs) made miliary tuberculosis unlikely. The term “starry sky,” often used to characterize the skin rash of varicella, is an equally accurate description of this patient’s chest x-ray.

Anteroposterior chest x-ray:

The micronodular calcium-density opacifications in both lungs are in all likelihood residua of the varicella pneumonia from which the patient suffered as a young adult.

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