



## IMAGES IN THORAX

## Oleoathorax

Till Plönes, Clemens Aigner

Department of Thoracic Surgery and Thoracic Endoscopy, Ruhrlandklinik, West German Lung Center, University Hospital, University Duisburg-Essen, Essen, Germany

## Correspondence to

Dr Till Plönes, Department of Thoracic Surgery and Thoracic Endoscopy, Ruhrlandklinik, West German Lung Center, University Hospital, University of Duisburg-Essen, Essen D-40539, Germany; till.ploenes@rlk.uk-essen.de

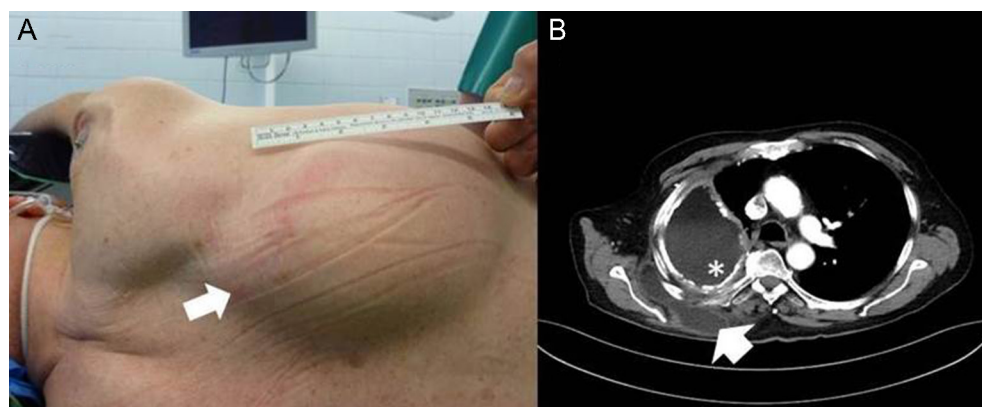
Received 24 May 2017

Revised 10 January 2018

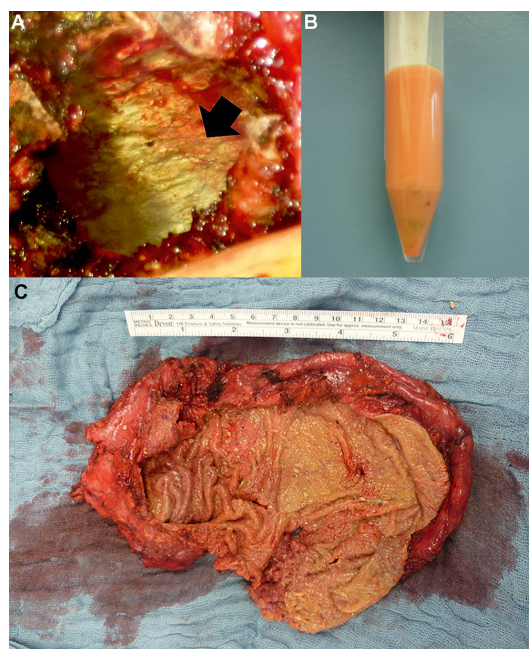
Accepted 15 January 2018

Published Online First

29 January 2018



**Figure 1** (A) Progressive swelling of the right hemithorax; (B) CT of the chest showing the oleoathorax with pleural calcifications (marked by asterisk (\*)) and the extrathoracic collection of fluid (marked by an arrow). The intracavitary fluid has different densities.



**Figure 2** Intraoperative findings: (A) calcified chest cavity; (B) intrathoracic collected yellow oily fluid; (C) resected extrathoracic capsule containing intrathoracic collected yellow oily fluid.

We report the case of an afebrile 85-year-old patient with progressive swelling of the right hemithorax (figure 1A). The patient was previously treated in the early 1950s for pulmonary tuberculosis with plombage therapy using extrapleural injection of paraffin oil. A CT revealed an extrathoracic leak of oleoathorax (figure 1B). Intraoperative findings showed a calcified chest cavity with extrathoracic expansion of yellow oily fluid (figure 2A–C). Following exclusion of infection, treatment consisted of the temporary application of negative intrapleural pressure with subsequent intrathoracic transposition of the latissimus dorsi muscle.

**Contributors** TP wrote the MS. CA supervised the work.

**Funding** This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

**Competing interests** None declared.

**Patient consent** Obtained.

**Provenance and peer review** Not commissioned; externally peer reviewed.

© Article author(s) or their employer(s) unless otherwise stated in the text of the article) 2018. All rights reserved. No commercial use is permitted unless otherwise expressly granted.



**To cite:** Plönes T, Aigner C. *Thorax* 2018;**73**:791.