Post-traumatic pulmonary hernia is a very rare occurrence of chest trauma, which however remains usually covered by the skin. A young 22-year-old male was recently admitted to our trauma centre after being thrown from a motorcycle against a road guard barrier.

Clinical examination of the patient revealed a large open wound to the upper and the anterior part of the right chest with a non-covered post-traumatic pulmonary hernia (figure 1). The CT scan of the chest (figure 2) showed the involvement of the middle and the upper pulmonary lobes in the pulmonary hernia (*), a clavicle dislocation and fractures to the first two ribs without other injury. During thoracic surgery, the lung was reintegrated to the chest cavity, the first two broken rib that were threatening the subclavian vein were resected and the proximal end of the clavicle fixed to the sternum (figure 2). Three chest tubes were inserted at the time of surgery together with broad-spectrum antibiotics. Subsequently, there was no further respiratory or infectious complication. The patient was discharged from the hospital on day 10 with no further complication on day 60.

Finally, what is sometimes surprising in traumatology is the absence of relation between the visual presentation of an injury and its severity. In other words, an injury sometimes very impressive can have a favourable outcome.

Contributors JSD, CT and JMM were in charge of the patient. JSD wrote and submitted the case. JMM and CT made corrections and gave approval for the case.

Competing interests None.

Patient consent Obtained.

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REFERENCES

Figure 1 Pulmonary hernia observed at the admission of the patient in the trauma resuscitation unit.

Figure 2 The CT scan of the chest showing (A) the pulmonary hernia (*) and (B) a broken rib (full arrow) threatening the subclavian vein (dashed arrow) after contrast injection.