

## Extrathoracic proof of intrathoracic trouble

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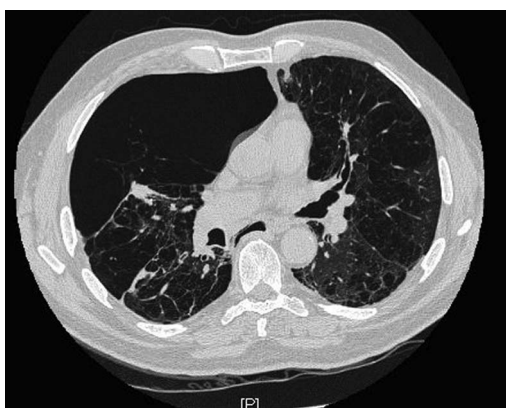
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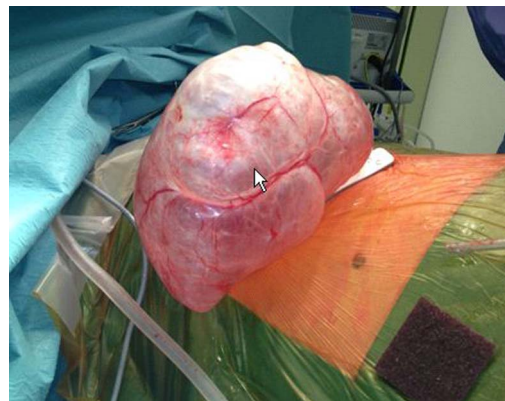
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A 67-year-old man was referred to our hospital for bullectomy. Chest CT scan showed exhaustive bilateral bullous emphysema with a giant bulla in the right lung (figure 1). Cardiopulmonary exercise testing revealed a maximum exercise tolerance of 30 Watts and a progressive dynamic hyperinflation with an inspiratory capacity of less than 50 mL during maximal exercise. During thoracotomy, manipulation of the airway made the patient cough and a giant bulla rapidly expanded with extension outside the right hemithorax (figure 2). This bulla was resected successfully and quality of life significantly improved with an increase in maximum exercise tolerance to 50 Watts, without signs of dynamic hyperinflation during cardiopulmonary exercise testing.

Dynamic hyperinflation in patients with severe chronic obstructive pulmonary disease with accompanying bullous disease can be very invalidating and significantly reduce quality of life. For this



**Figure 1** CT scan showing bilateral emphysema with a giant bulla in the right hemithorax.



**Figure 2** Extrathoracic expanded giant bulla of the right hemithorax during anterior thoracotomy.

group, bullectomy is safe and may offer clinical and functional improvement in respiratory and cardiovascular function.<sup>1 2</sup>

**Correction notice** This article has been corrected since it was published Online First. The author affiliations have been updated.

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**Patient consent** Obtained.

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