

# Rounded Atelectasis

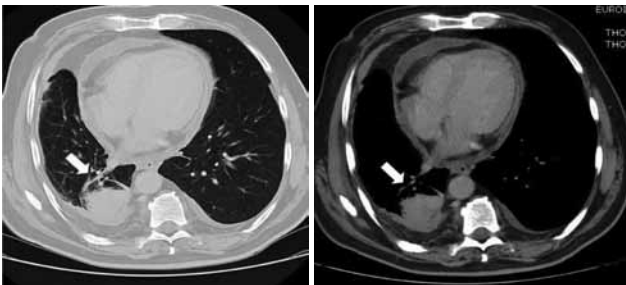
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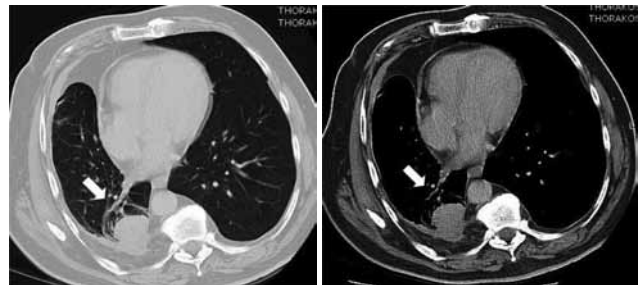
A 52 year-old male patient with a history of a parapneumonic pleural effusion 2 years earlier, with the characteristic subpleural mass and the comet tail sign (Figures 1, 2).

Rounded atelectasis, which historically has been called folded lung, atelectatic pseudotumour, or Blesovsky syndrome<sup>1</sup>, presents as a subpleural mass, out of which radiate vessels and bronchi that form the characteristic “comet tail” sign, as they connect the atelectatic lung parenchyma to the hilum<sup>2-4</sup>. It is usually located in a lower lobe, the lingula or the middle lobe.

The characteristic radiological findings usually suffice for the diagnosis to be made. These include the characteristic subpleural mass with the comet tail sign<sup>3</sup>, associated with pleural plaques, diffuse pleural thickening, and/or pleural effusion. If the characteristic comet tail is not identified, a biopsy will be necessary to rule out malignant disease. Rounded atelectasis usually clears spontaneously, but in rare cases it may grow. Approximately 70% of cases of rounded atelectasis are associated with past asbestos exposure, although there have been reports of cases associated with pleural tuberculosis.



**PICTURES 1 & 2.** 52 year-old male with rounded atelectasis. Chest HRCT showing the characteristic subpleural mass and the comet tail sign on presentation.



**PICTURES 3 & 4.** 52 year-old male with rounded atelectasis. Chest HRCT one year after initial presentation: the characteristic picture is unchanged.

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