Complications of giant bullae

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A 62 year old man (BMI 19kg/m^2) presented with fever, cough, hemoptysis, dyspnea on exertion, weight loss (10kg /over 3 months), gynecomastia, clubbing, hypertrophic pulmonary osteoarthropathy, and leukocytosis (WBC: 19700K/μL, 87.7% neutrophils) with elevated CRP (CRP: 4.4mg/dl) and procalcitonin (PCT: 12ng/ml). He quit smoking 2 years ago (75p/y). Examination for alpha 1-antitrypsin defeciency was negative. His Chest X ray is shown in Figure 1. Chest computed tomography (CT) images are shown in Figures 2-5. Sputum cultures were negative and aspiration of the fluid was not performed. The patient was treated with tazobactam/piperacillin, ciprofloxacin, bronchodilators (salbutamol, ipratropium bromide) and oxygen (SaO_2 85-90% with 7-10L/min). Bronchoscopy revealed non–small-cell lung cancer. He received palliative treatment.

Giant bullae are bullae that occupy at least 30% of a hemithorax. They may develop as a consequence of cigarette smoking, alpha 1-antitrypsin defeciency, Marfan syndrome and may be complicated by pneumothorax, bronchogenic carcinoma, fluid accumulation and infection within the bulla.

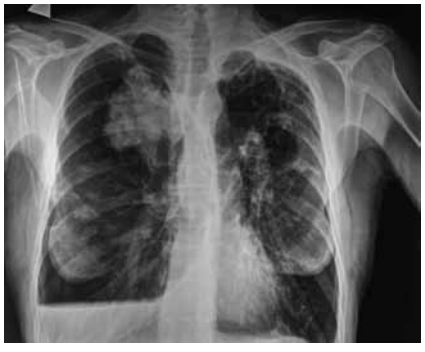
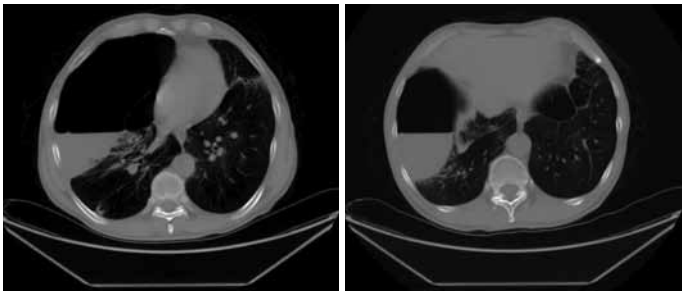
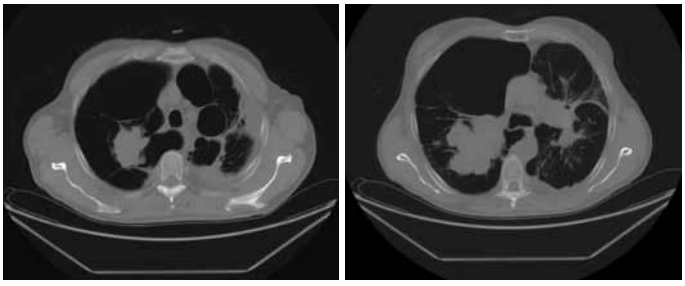


FIGURE 1. Chest X ray showing emphysematous lungs, a right upper lobe mass, air-fluid level of the right basis, fibrotic lesions of left upper lobe causing hilar elevation and gynecomastia.



FIGURES 2 and 3. Chest computed tomography (CT) revealing a bulla with fluid in the right lower lobe.



FIGURES 4 and 5. Chest computed tomography (CT) revealing bilateral giant bullae and a mass (10×7.8×9cm) with necrotic areas and lobulated margins in the right upper lobe and fibrotic lesions of the left upper lobe.

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