INTRODUCTION
A PSP is a pneumothorax that occurs without a precipitating event in a person who does not have known lung disease. In actuality, most individuals with PSP have unrecognized lung disease, with the pneumothorax resulting from rupture of a subpleural bleb. Factors that have been shown to predispose patients to primary spontaneous pneumothorax (PSP) include smoking, family history, Marfan syndrome, homocystinuria, and thoracic endometriosis.

CASE REPORT
25-year-old male, smoker since age of 13, 1 pack per day presented to Emergency Department and was seen at non-critical zone for sudden onset of shortness of breath, associated with left sided chest pain radiating to left shoulder and back. However clinically and hemodynamically patient was stable. Chest x-ray revealed left pneumothorax with apex distance of 3.75cm and interpleural distance at hilum 1.2cm with no trachea or mediastinum shift. A needle aspiration was performed at 2nd intercostal left mid-clavicular line, aspirated 110mls of air, uneventful procedure. Subsequently patient developed L hemopneumothorax, underwent left exploratory thoracotomy, intra-op findings; bleeding from feeding vessel of the apex bullae.

CASE DISCUSSION AND CONCLUSION
Guidelines for the management of PSP by the British Thoracic Society (BTS) and the American College of Chest Physicians (ACCP); a key distinction made in treatment of clinically asymptomatic patients is the size of the PSP, with ‘large’ defined as greater than 2 cm rim at the hilum (BTS) or greater than 3 cm apex (ACCP). However, in centre with computed tomography (CT) readily available, is widely used to establish a diagnosis and for treatment decision-making in patients with stable or asymptomatic PSP. It is very useful in identifying blebs/bullae by estimating the sizes and additional pathology of pneumothorax which is not visible on x-ray images.