

## **PP110 PRIMARY SPONTANEOUS PNEUMOTHORAX; ASPIRATE NOT TO ASPIRATE**

Surekha Kaneson<sup>1</sup>, Nurhafizah zainal Abidin<sup>2</sup>

<sup>1</sup>*Pusat Perubatan Universiti Malaya, Kuala Lumpur, Malaysia*

<sup>2</sup>*Hospital Segamat, Selangor, Malaysia*

### **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 2<sup>nd</sup> 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.