Simultaneous Bilateral Spontaneous Pneumothorax: A Case Report

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Spontaneous pneumothorax is relatively common in clinical practice and occurs more frequently in young, tall thin men, and in smokers. However, simultaneous bilateral spontaneous pneumothorax is a rare clinical condition that often presents with significant respiratory distress. We report a case of simultaneous bilateral spontaneous pneumothorax in a 41-year-old woman who presented with chest pain and a dry cough followed by mild dyspnea for two weeks. She received simultaneous bilateral tube thoracostomies and video-assisted thoracoscopic surgery during hospitalization. She was discharged in relatively good condition on the 23rd hospital day.

Key words: simultaneous, bilateral, spontaneous pneumothorax

Introduction

Spontaneous pneumothorax is a relatively common condition that occurs most often in slender young men(1). The overall male to female ratio is 5:1(2). The higher incidence in men has been attributed to higher rates of smoking, body habitus and different mechanical properties of the lungs(3). However, simultaneous bilateral spontaneous pneumothorax (SBSP) is a very rare clinical condition with an occurrence ranging from 1.3 to 1.9% of all cases of spontaneous pneumothorax(4,5). SBSP can be fatal once it progresses into tension pneumothorax(4,5). SBSP is mainly seen in patients with chronic obstructive pulmonary disease, tuberculosis, pneumonia, undefined interstitial pulmonary disease, connective tissue disease and pulmonary metastasis(6). We report a case of SBSP in a 41-year-old woman. She received simultaneous bilateral tube thoracostomies. Prompt diagnosis and tube thoracostomy are necessary for patients in this condition, which can be life-threatening. Bilateral video-assisted thoracoscopic surgery is a safe procedure in the treatment of spontaneous bilateral pneumothorax.

Case Report

A 41-year-old woman presented to the emergency department (ED) with chest pain, and a dry cough followed by mild dyspnea for two weeks without treatment. She was referred from a clinic for further evaluation and management. There was no relevant personal, psychiatric, or traumatic history or any underlying lung disease. She was not a smoker. On arrival, she had a blood pressure of 130/80mmHg, pulse rate of 106/min, respiratory rate of 22/min, and body temperature of 36.7°C.