

Clinical Image

Open Access, Volume 4

Hampton's hump: An unusual radiological sign of pulmonary embolism

Chiu-Shih Cheng¹; Chang-Hsien Ou²

¹Department of Medical Imaging, E-Da Hospital, I-Shou University, No.1, Yida Road, Jiaosu Village, Yanchao District, Kaohsiung City 82445, Taiwan.

²Division of Neuroradiology, E-Da Hospital, I-Shou University, Kaohsiung City, Taiwan.

***Corresponding Author: Chiu-Shih Cheng**

Department of Medical Imaging, E-Da Hospital,
I-Shou University, No.1, Yida Road, Jiaosu Village,
Yanchao District, Kaohsiung City 82445, Taiwan.
Email: csc109167@gmail.com

Abstract

Hampton's hump is a peripheral dome-shaped, opacification abutting the pleura, signifying pulmonary infarction distal to a pulmonary embolism. We report a case of pulmonary embolism that presented with the Hampton's hump sign on a chest X-ray, which is an unusual yet moderately specific indicator for diagnosing pulmonary embolism.

Keywords: Hampton's hump; Pulmonary embolism.

Received: Aug 08, 2023

Accepted: Aug 25, 2023

Published: Sep 01, 2023

Archived: www.jcimcr.org

Copyright: © Chiu-Shih C (2023).

DOI: www.doi.org/10.52768/2766-7820/2573

Description

A 70-year-old male patient presented to the emergency department, complaining of right-sided chest pain persisting for the past two days. Notably, there were no significant underlying health conditions identified during the assessment. The physical examination did not reveal any remarkable findings. A chest radiograph showed dome-shaped, pleural based opacity in right middle lung field, consistent with Hampton's hump (a white arrow in Figure 1), a finding that aroused concern about pulmonary embolism. The Electrocardiogram (ECG) did not show any abnormalities. The only abnormal blood test reported was a slightly elevated D-dimer of 4 mg/l (<0.5 mg/l). Subsequent evaluation with a Computed Tomography (CT) pulmonary angiogram exhibited a filling defect within the segmental branch of the right middle lobe pulmonary artery (a white arrow in Figure 2). Additionally, a wedge-shaped ground glass change was observed in the lateral segment of the right middle lobe (an asterisk in Figure 2). These findings conclusively confirmed a diagnosis of pulmonary embolism with distal pulmonary infarction. It is noteworthy that Hampton's hump, a seldom-seen radiographic indicator, is associated with pulmonary embolism. While the presence of a Hampton's hump demonstrates a high

degree of specificity (82%) for diagnosing pulmonary embolism, its sensitivity is relatively low (22%) [1-3]. Following treatment with heparin, the patient was discharged with a six-month anti-coagulation regimen.

Declarations

Conflict of interests: No conflicts of interest.

Funding statement: All authors have no funding source to declare.

References

1. Hampton AO, Benjamin L Castleman. "Correlation of postmortem chest teleroentgenograms with autopsy findings with special reference to pulmonary embolism and infarction." 1940.
2. Worsley DF, Alavi A, Aronchick JM, Chen JT, Greenspan RH, et al. Chest radiographic findings in patients with acute pulmonary embolism: observations from the PIOPED Study. *Radiology*. 1993; 189: 133-6.
3. Han D, Lee KS, Franquet T, Müller NL, Kim TS, et al. Thrombotic and nonthrombotic pulmonary arterial embolism: Spectrum of imaging findings. *Radiographics*.



Figure 1: Chest radiograph revealed dome-shaped opacity in right middle lung field, consistent with Hampton's hump (a white arrow).

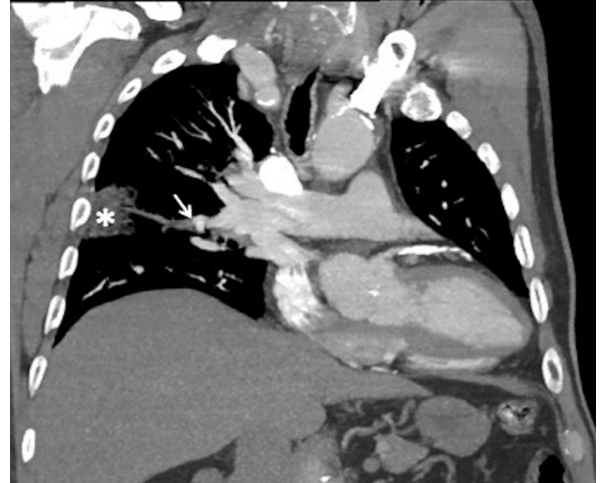


Figure 2: CT pulmonary angiogram (or CTPA) exhibited a filling defect within the segmental branch of the right middle lobe pulmonary artery (a white arrow in Figure B) and, a wedge-shaped ground glass opacity in the lateral segment of the right middle lobe (an asterisk).