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Pulmonary plombage - A historical image in the contemporary practice

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Description

A 78-year-old woman was referred to the Pulmonology Clinic due to a one-year history of progressive exertional dyspnea, dry cough, and wheezing. Her medical history included pulmonary tuberculosis diagnosed 51 years earlier and Lewy body dementia, with marked functional decline during the previous two years.

Chest radiography (Figure 1A) revealed a large hypo transparent area in the upper left lobe. Computed tomography (Figure 1B) demonstrated multiple round, ring-shaped opacities exerting compressive effect on the left upper lobe, consistent with prior collapse therapy using Lucite balls (plombage) (Figure 1C). A mosaic attenuation pattern was also identified but not investigated given the patient's cognitive impairment.

Clinical improvement was observed with dual bronchodilator therapy. Imaging findings remained stable during follow-up. After three years, she died due to progression of dementia.

Plombage was a surgical method for treating pulmonary tuberculosis, involving extra pleural insertion of inert material to induce lung collapse, reduce cavitation, end limit bacillary spread [1]. This technique was widely used between the 1930s and 1950s, later abandoned after the development of effective antimycobacterial therapy [1,2].

Although rarely encountered today, residual cases can still be found. Long survival without major complications highlights the importance of recognizing radiological findings to avoid unnecessary investigations or interventions [2].

References

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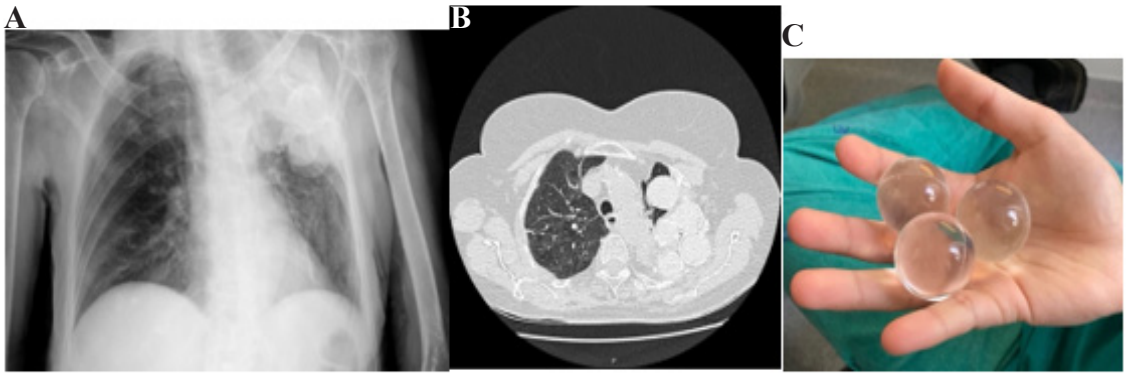

Figure 1: (A) Posteroanterior incidence on chest X-Ray: Radiopaque image in the left upper lobe.
(B) Axial plan of chest computed tomography scan: Extra pleural spheres compressing the left upper lobe.
(C) Property of the Pulmonology Intervention Techniques Unit, Hospital de Santa Marta: Historical Lucite balls used in plombage therapy (unrelated to the patient).