



Figure 1. Free air space on left side and contralaterally mediastinal shift (This view resembles a left side giant lung bullae) (a). Air-fluid level on left hemithorax as like a fluid containing giant lung bullae(b). Totally herniation of abdominal viscera to the left chest cavity(c,d).

A 60 year-old man admitted to emergency clinic with palpitation and dyspnea complaints. His past medical history included car accident and pelvic fracture. Chest x-ray revealed suspicious a large lung bullae and chest computed tomography scan was performed. Totally visserothorax was detected on chest CT scan(Figure 1). Nasogastric tube was inserted and operating room was prepared but the patient did not accepted the surgical procedure.

Traumatic visserothorax is migration of abdominal viscera especially stomach and colon into the thoracic cavity through the ruptured diaphragm [1]. The clinical and radiological findings of visserothorax may simulate giant lung bullae.Visserothorax should be considered in the differential diagnosis of giant lung bullae. Because management of the both condition is very different. Visserothorax is a emergency situation and emergency surgery is required following the nasogastric tube placement [2].

References

- 1.McCann B, O'Gara A. Tension visserothorax: an important differential for tension pneumothorax. *Emerg Med J* 2005;22(3):220-1.
- 2.Ahn S, Kim W, Sohn CH, Seo DW. Tension visserothorax after blunt abdominal trauma: a case report and review of the literature. *J Emerg Med* 2012;43(6):451-3.