



## A Typical Image of a Torn Adhesion in Spontaneous Hemopneumothorax

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### Clinical Image

A 37-year-old otherwise healthy male presented to our emergency department with complaint of sudden onset of chest pain. A chest-X-ray showed a right pneumothorax with a moderate amount of pleural effusion. Of note, a collapsed lung with a visible adhesion band connecting to the apex of chest is clearly demonstrated (Figure 1, arrow). The patient underwent thoracoscopic surgery evacuating 1,600 ml bloody pleural effusion. Blebs can be seen at apex of lung (Figure 2, arrow head) with a partially torn adhesion bleeding profusely (Figure 2, arrow). Hemoclips were applied to the torn adhesion which was divided and cauterized. The patient was discharged 5 days after surgery without complication. Spontaneous hemopneumothorax is rare, with an incidence rate of 2% to 7.3% in patients with spontaneous pneumothorax [1]. Following collapsed lung from pneumothorax, hemorrhage may result from torn adhesions between parietal and visceral pleura.

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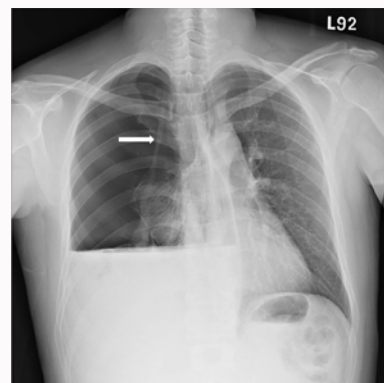


Figure 1: A chest-X-ray showed a right pneumothorax with a moderate amount of pleural effusion. Of note, a collapsed lung with a visible adhesion band connecting to the apex of chest is clearly demonstrated.

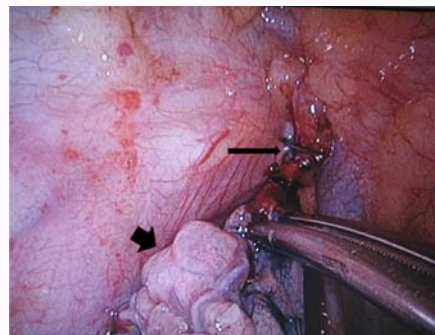


Figure 2: Blebs can be seen at apex of lung with a partially torn adhesion bleeding profusely. Hemoclips were applied to the torn adhesion which was divided and cauterized.

### References

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