Thoracic Wall Abscess as a Late Complication of Extrapleural Plombage

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A 72-year-old man presented with a 2-month history of fever and chest pain. In 1959, he was diagnosed as pulmonary tuberculosis of the right upper lobe. He had undergone right extrapleural plombage therapy and had no subsequent recurrences. On examination, a 4 × 5-cm cystic swelling was palpable at the right anterior chest wall, and the swelling did not rupture. A radiograph showed multiple plombage balls in his right chest. Some balls contained air-fluid levels [arrows] (Fig 1). Chest computed tomography showed a right chest wall abscess (Fig 2, arrow), multiple plombage balls, and the rib deformity. One ball was filled with fluid (Fig 2, open arrow).

Fenestration was performed through the original incision. The empyema was opened, and 18 lucite balls were extracted from the cavity. Fourteen balls were complete (Fig 3), and four were fractured and filled with pus. Short segments of ribs were resected together with intercostal muscles. The residual cavity was cleaned and irrigated. The organism culture was Kocuria kristinae. The postoperative course was uneventful. He was discharged after 3 weeks.

Empyema is the most common late complications associated with the plombage procedure. In our case, the empyema found its way into the anterior chest wall.

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