In our opinion, this case is interesting because it illustrates the importance of imaging studies in the diagnosis, staging and follow-up of an SVCs caused by an idiopathic localized form of MF exclusively affecting the SVC.

References


Spontaneous Pneumothorax and Cocaine Use

Neumotórax espontáneo y consumo de cocaína

To the Editor:

Spontaneous pneumothorax (SP) associated with marijuana or cocaine use is uncommon but not unknown. Although it can be difficult to demonstrate a direct effect, lung damage caused by drug use can predispose patients to pneumothorax. We report the case of a 39-year-old man, referred to our unit for treatment of right SP. He had already had SP in the same side 7 months previously and had admitted to occasional use of cocaine. Mechanical pleurodesis was performed via thoracoscopy with resection of the apex of the right lung. Pathology laboratory analysis showed unexpected evidence of non-necrotizing granulomas in the bronchial walls, associated with small vesicles (Fig. 1). The patient had no significant clinical history and all standard clinical laboratory test results, including mycobacteria, fungal infection and human immunodeficiency virus, were negative.

Fig. 1. Pathology sample with hematoxylin and eosi staining (10× magnification) showing granulomas (white arrow) and small vesicles (*). Activated lymphocytes and giant inflammatory cells were observed.

References


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