Clinical Image

Loculated Secondary Spontaneous Pneumothorax: A Very Rare Complication of Nodular Pulmonary Amyloidosis

Neumotórax espontáneo secundario loculado: una complicación muy rara de la amiloidosis pulmonar nodular

Luis Gorospe Sarasúa, a, * Gemma María Muñoz-Molina, b Paola Arrieta c

a Servicio de Radiodiagnóstico, Hospital Universitario Ramón y Cajal, Madrid, Spain
b Servicio de Cirugía Torácica, Hospital Universitario Ramón y Cajal, Madrid, Spain
c Servicio de Neumología, Hospital Universitario Ramón y Cajal, Madrid, Spain

We report the case of a 66-year-old woman with a history of nodular primary pulmonary amyloidosis, not receiving treatment as she was practically asymptomatic. A follow-up chest CT showed, in addition to already known multiple nodules and pulmonary masses, a subpleural cavitating lesion in the right lung (Fig. 1A), with a loculated pneumothorax in the same side (Fig. 1B). Given the lack of symptoms, we decided to manage the pneumothorax conservatively.

Radiological evidence of parenchymal cavitation and/or pneumothorax in patients with pulmonary amyloidosis is exceptional, and has been described more often in patients with secondary forms of amyloidosis in the context of rheumatological diseases with a pulmonary component (rheumatoid arthritis, Sjögren syndrome, etc.)

Fig. 1. (A) Coronal reconstruction of chest CT (pulmonary parenchymal window) showing multiple nodules in both lungs (white asterisks). Note a subpleural cavitating lesion in the right lung (black asterisk). (B) Coronal reconstruction of chest CT (pulmonary parenchyma window, more anterior plane than image A), showing anterior loculated pneumothorax in right hemithorax (asterisk).