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Case Report Open Access

Fibrothorax, a Rare Cause of Chronic Post-Traumatic Cough

Drissi Maniani Abdelilah*, Abir Iemrabet, Habibchorfa Sara, Jerguigue, Rachida Latib and Omor Youssef

Department of Radiology, Faculty of Medicine and Pharmacy of Rabat, National Institute of Cancerology, CHU IbnSina, Rabat, Morocco

Abstract

Fibrothorax is a medical condition characterised by severe scarring (fibrosis) and fusion of the layers of the pleural space surrounding the lungs resulting in decreased movement of the lung and ribcage, it is often diagnosed using an X-ray or a CT scan. Fibrothorax is often treated conservatively but sometimes may require surgery.

Keywords: Fibrothorax; Pleural fibrosis; Radiology

Case report

A 65years old man, with a history of post-traumatic right hemothorax, consulted for a chronic cough. The clinical examination found right basithoracic dullness with an abolition of vesicular murmurs. The chest X-ray found right calcified pleural plaques, a chest CT scan was requested (Figure 1).

The diagnosis calcified fibrothorax secondary to chronic pleural inflammation due to post-traumatic hemithorax.

Discussion

Fibrothorax is a rare medical condition characterized by severe fibrosis of the pleural space due to chronic inflammation fusing the visceral pleura with the parietal pleura with fibrous scar tissue responsible for reduced mobility of the rib cage [1].

Fibrothorax is a complication of many etiologies including pleural effusion or undrained hemothorax, infections such as empyema or tuberculosis, sometimes iatrogenic secondary to therapeutic pleurodesis or by exposure to certain substances such as asbestos [1, 2].

The main symptom of fibrothorax is shortness of breath with chest pain on deep breathing, sometimes a dry cough or even dyspnea on exertion [3].

Imaging is essential for the diagnosis, based on a simple chest X-ray or computed tomography which can detect fibrothorax in the form of pleural thickening or calcified pleural plaques uni (or) bilateral in severe cases it results in a calcified pleural mass causing loss of lung volume with displacement of the mediastinum to the affected side [1, 4].

Non-surgical treatment of fibrothorax is usually done by treating the underlying cause. Surgery is reserved for the severe form based on pleural decortication. The prognosis after surgical decortication is variable and depends on the underlying pathology [1, 3].

Conclusion

Fibrothorax is a rare medical condition characterized by severe fibrosis of the pleural space, it is a complication of many etiologies including undrained hemothorax or pleural infections, Imaging is essential for diagnosis, results in a calcified pleural mass resulting in loss of lung volume, it is often treated conservatively but sometimes may require surgery.

Acknowledgement

None

Conflict of Interest

The authors declare that they have no interest

References

1. Jantz MA, Antony VB (2006) Pleural fibrosis. Clin Chest Med 27: 18-191.
2. Stoller JK (2015) Murray & Nadel's Textbook of Respiratory Medicine, 6th Edn. Ann Am Thorac Soc 12: 1257-1258.
3. Sharma S, Smith R, Al-Hameed F (2002) Fibrothorax and severe lung restriction secondary to lupus pleuritis and its successful treatment by pleurectomy. Can Respir J 9: 335-337.

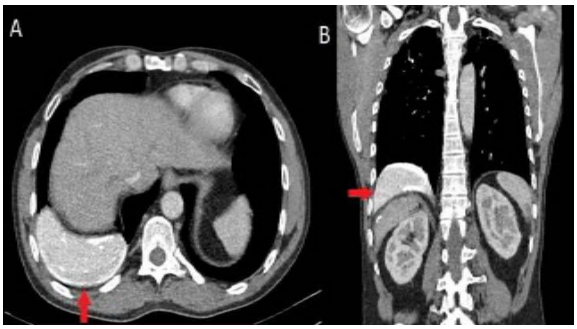

Figure 1: Thoracic CT, mediastinal window with axial (A) and coronal (B) section showing a left basi-thoracic pleural lesion declining and calcified (arrows) react.

***Corresponding author:** Drissi Maniani Abdelilah, Department of Radiology, Faculty of Medicine and Pharmacy of Rabat, National Institute of Cancerology, CHU IbnSina, Rabat, Morocco, E-mail: abdel2018aroua@gmail.com

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