“Terror” in the Lung

A 14-year-old girl presented with chronic cough since two years and hemoptysis of four months duration. She was the victim of a bomb blast while on a bus in North-East India four years previously. On examination she looked withdrawn and anxious with multiple scars over the face, chest and abdomen. She was thinly built with clubbed fingernails. Chest examination revealed normal air entry. Other systems were unremarkable. A working diagnosis of bronchiectasis and post-traumatic stress disorder (PTSD) was made.

CT chest (Fig. 1) revealed a 4 cm lesion with cavitation and central high-density material (16mm x 18 mm) in the lateral basal segment of the left lower lobe. Wooden shrapnel within a fibrosed segment of lung tissue was surgically removed. She received supportive psychotherapy for post-traumatic stress disorder; then made a dramatic recovery and remains well.

This was an unusual cause for chronic cough and hemoptysis in a young girl. Penetrating chest injuries may commonly present acutely as hemothorax,

hemopneumothorax or pneumothorax.¹ Delayed pulmonary presentation of penetrating chest injury has been recognized.^{2,3} Delayed hemoptysis secondary to penetrating injuries sustained during war has been reported.⁴ But with increasing occurrence of terrorist attacks doctors caring for children will need to be aware of this manner of presentation. Unrecognized, this foreign body could have presented as massive hemoptysis^{2,3} or pulmonary carcinoma arising from associated scarring.⁵

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Fig. 1 Lesion with cavitation and central high-density material.

REFERENCES

- 1 Inci I, Ocelik C, Nizam O *et al*. Penetrating chest injuries in children: a review of 94 cases. *J Pediatr Surg* 1996; 31:673-676.
- 2 Manganas C, Iliopoulos J, Pang L *et al*. Traumatic Pulmonary Arteriovenous malformation presenting with massive hemoptysis 30 years after penetrating chest injury. *Ann Thoracic Surg* 2003; 76:942-944.
- 3 Soukouti M, Motazeri V. Delayed massive hemoptysis 20 years after lung stabbing: an unusual presentation. *Eur J Cardiothoracic Surg* 2007; 32:679-681.
- 4 Garland L H. Intrathoracic metallic foreign bodies. *Chest* 1945; 11: 662-677
- 5 Dubeau L, Fraser RS. Long-term effects of pulmonary shrapnel injury. *Arch Pathol Lab Med* 1984; 108:407