A 91-year-old woman presented with a 2-week history of dyspnea and productive cough. She was autonomous regarding the activities of daily living and had a medical history of type 2 diabetes, hypertension and suspected tuberculosis in her twenties. The arterial blood gas test revealed severe hypercapnia with acidemia. The chest radiograph (Fig. 1) showed a nearly complete left pleural calcification associated with a marked lung volume reduction and computerized tomography (Fig. 2) confirmed a calcified fibrothorax.1 A thick ‘peel’ formed on both pleural surfaces, preventing complete lung expansion, and thus limiting functional reserve.2 These exuberant findings are unusual but strongly suggestive of late sequelae from untreated pleural tuberculosis. A respiratory infection led to multifactorial respiratory failure associated with the pleural disease, age-related chest wall weakness and pulmonary congestion. The patient was successfully managed with conservative treatment. These findings portray the clinical and physiological implications of a trapped lung.

AUTHORS CONTRIBUTION
MB: Conception and coordination of the work; draft of the manuscript.
MT, RM: Critical review.

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Figure 1 – Chest radiograph shows nearly complete left pleural calcification and marked lung volume reduction

Figure 2 – Computerized tomography with extensive calcification of left lung fibrothorax

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REFERENCES