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## Lung herniation: a case report of a spontaneous cervical hernia

### Hernie pulmonaire : à propos d'un cas de hernie cervicale spontanée

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Lung herniation is rare. It is defined as a protrusion of pulmonary tissue beyond the confines of the thoracic cage [1]. It most commonly occurs through the thoracic intercostal space as a consequence of thoracic trauma or after a thoracotomy incision [1]. Lung herniations were later classified by Morel-Lavallee [2] on the basis of their location and cause. Anatomically, they are subdivided into cervical, intercostal and diaphragmatic hernias. Each of these types can be either congenital or acquired. Acquired hernias can be classified further as traumatic, spontaneous, or pathologic as a result of neoplastic or inflammatory processes. In cervical cases, this disorder is usually due to abnormalities in the suprapleural membrane (Sibson's fascia) or neck musculature [3]. Through this observation, we illustrate the rare cervical location of lung herniation in a patient complaining about an intermittent cervical mass.

### Observation

We report a case of 48-year-old man complaining about a neck swelling while coughing. He had a 1-year history of dry cough. He was an ex-smoker with a 15 pack-year history. Examination of his chest at rest was normal. No cervical lymphadenopathy was detected. Examination while coughing revealed a visible swelling on the right side of the neck. Chest radiograph was normal. Chest CT was normal during inspiration (figure 1A-B) and was performed during a Valsalva manoeuvre, showing a right apical lung hernia (figure 2A-B).

### Conclusion

Cervical lung herniation in adults is rare particularly in the absence of penetrating lung injury or chest wall disease [2, 4]. It is due to a defect in the Sibson's fascia [3, 4]. The

defect is usually large enough to prevent trapping and incarceration of the lung. Repair may be necessary in patients with incarceration, symptoms of local compression, for example, dysphagia from oesophageal compression, or for cosmetic purposes [3]. The diagnosis can be easily missed both clinically and radiologically if examination is not made during a Valsalva manoeuvre [4].

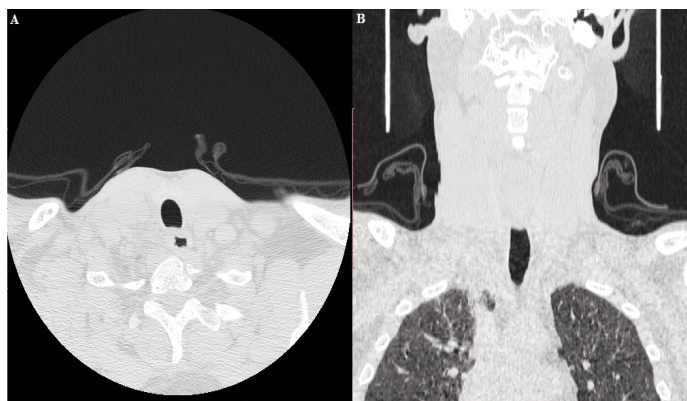


Figure 1 (A, B): Chest CT scan performed during inspiration shows no evidence of lung herniation. (A : axial view in parenchymal window, B: coronal view in parenchymal window)

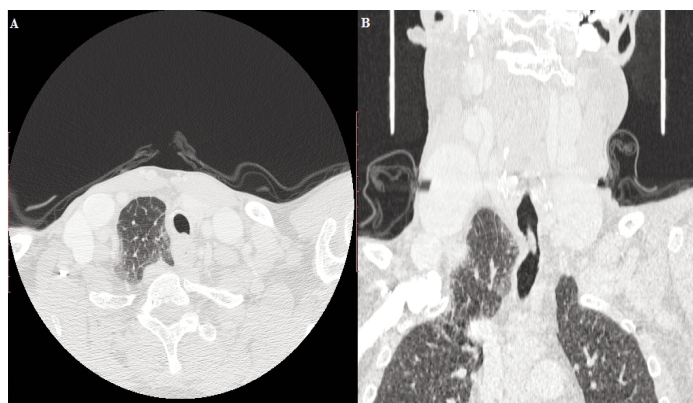


Figure 2 (A, B): Chest CT scan performed during a Valsalva manoeuvre shows herniated lung at the right apex. (A : axial view in parenchymal window, B: coronal view in parenchymal window)

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