

Images in...

Pectus excavatum

Umar Imran Hamid, Harry Parissis

Department of Cardiothoracic Surgery, Royal Victoria Hospital, Belfast, UK

Correspondence to Umar Imran Hamid, umar79@hotmail.com

DESCRIPTION

Posterior depression of the sternum and costal cartilages produces the characteristic findings of pectus excavatum: funnel chest, or *trichterbrust*. Pectus excavatum is present at birth or within the first year of life in the majority of affected children. It occurs more frequently in boys than girls, by almost a 4:1 ratio. Although the sternal depression appears to be caused by an overgrowth of costal cartilages, the aetiology of pectus deformities is unknown. Deformity of the chest wall led many authors to attribute the symptomatic improvement in patients after surgery. Posterior displacement of the sternum can produce a deformity of the heart, particularly anterior indentation of the right ventricle. The debate is ongoing among clinicians regarding improvement in cardiopulmonary function following repair.¹ Correction of pectus deformity ranges from minimally invasive techniques like Nuss procedure² to open repairs.³ Complications of pectus excavatum repair are few and relatively unimportant except for major recurrence.⁴

Of clinical significance is the presence of various cardiac abnormalities ranging from valvular dysfunction to tetralogy of fallot. The images are typical depiction of a pectus deformity with posterior displacement of the body of the sternum.

Competing interests None.

Patient consent Not obtained.

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Figure 1 (A,B) CT images indicating typical posterior displacement of sternum in pectus excavatum.

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