

A rare hump in the right lung, waiting to be named

Mahvesh Rana Javaid,¹ Hamish Dobbie²

¹Barts and the London School of Medicine and Dentistry, London, UK

²Department of Renal Medicine, Barts Health NHS Trust, London, UK

Correspondence to

Mahvesh Rana Javaid,
mahvesh.r.javaid@gmail.com

DESCRIPTION

A 78-year-old man with a 30-year history of chronic obstructive pulmonary disease (COPD) presented to the accident and emergency department with shortness of breath and a cough productive of white sputum. A provisional diagnosis of an infective exacerbation of COPD was made. He had a 60-pack-year history of smoking but had stopped a year ago.

He was sent for a routine chest x-ray (CXR) and a right lower zone abnormality was seen (figure 1). The diagnosis was uncertain and the possibility of a pulmonary embolism was raised, so he underwent a CT pulmonary angiogram, which again revealed an abnormality in the region of the right hemidiaphragm. He has had previous hospital admissions in the last year, which observed this similarly unchanged pathology on his previous CXRs (figure 2).

In more detail, the CXR revealed an abnormal eventration of the anterior aspect of the right hemidiaphragm, indicating a large hump-shaped mass protruding into the right lower lobe of the lung. Further imaging using CT revealed a large upward extending liver mass with normal liver texture. This similar radiological feature has been observed in the kidneys with an outward extension of normal kidney textured mass, termed as dromedary

(camel) hump.¹ This rare liver hump, protruding into the lung pulling along the diaphragm, is unreported. Therefore, we shall take this opportunity to term liver hump pathology as a ‘dinosaur hump’.

Learning points

- ▶ A liver hump is a rare pathology that can be observed on a chest x-ray, which can be misdiagnosed for lung pathologies such as consolidation.
- ▶ In similar patients, this liver hump may contribute to the exacerbation of chronic obstructive pulmonary disease.

Competing interests None.

Patient consent Obtained.

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Figure 1 A chest x-ray taken in November 2012 showing an abnormal eventration of the anterior aspect of the right hemidiaphragm, indicating a large hump-shaped mass protruding into the right lower lobe of the lung.



Figure 2 A chest x-ray taken in May 2012 showing the same abnormality in the right lower lung zone.

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