Acquired *pectus excavatum*

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DOI: https://doi.org/10.36104/amc.2023.2785

Figure 1. *Pectus excavatum with anterior protrusion of the distal segment.*

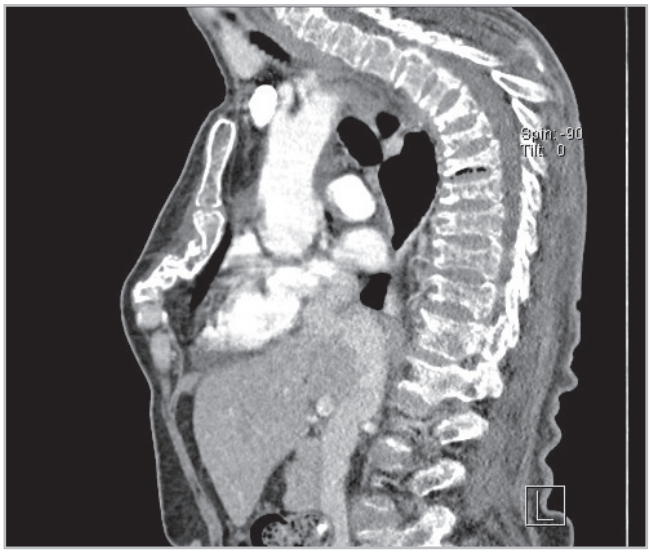

Figure 2. *Sagittal bone window image from a chest tomography.*

A 73-year-old woman with no relevant medical history began to experience accelerated loss of height (10 cm) over two months, with subsequent accentuated dorsal kyphosis and anterior chest deformity, which caused dyspnea and pain. On physical exam, the *pectus excavatum* was evident, with anterior protrusion of the distal segment, an occiput-wall distance of approximately 15 cm and a rib-pelvis distance of <1 fingerbreadth (Figure 1). The chest tomography showed multiple severe vertebral collapses with accentuated osteopenia and anterior chest deformity, due to sternal collapse, with no lytic lesions (Figure 2). The study of secondary causes confirmed an immunoglobulin G kappa myeloma.

Pathological sternal fractures are rare. In patients with multiple myeloma, they can lead to decreased quality of life due to hyperkyphotic deformity and sagittal malalignment, which increase the restriction, foster respiratory infections, cause pain and make it difficult to eat, due to the pressure exerted by the anterior ribcage on the stomach (1-2).

References

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Received: 03/XII/2022 Accepted: 12/IV/2023