A 57-year-old female patient with hairy cell leukemia was consulted to us to evaluate her routine chest radiograph. The patient had no symptoms and her chest physical examination findings were normal. PA chest X-ray revealed linear, weak sided, crinkly opacity at right hemithorax and 4 x 2.5 cm, well circumscribed opacity at left retrocardiac region (Figure 1). It was thought that the lesion on the left chest might be a mass and the pathology on right chest could not be fully described. Is it pleural plaque due to asbestos? No, because the inner margin is often well defined while the tapering outer margin is indistinct in pleural plaque but both of sides are indistinct on our patient’s chest X-Ray. Is it cavity? No, because cavity means surrounded by parenchima of the lung but the upper side of this lesion was not seen. Is it foreign body like a necklace? No, because we had already knew that there was no foreign body on the patient. Then what you should think about this lesion?

Thorax computed tomography (CT) was taken to better identify the lesion on right chest and retrocardiac opacity. Thorax CT showed paraesophageal hernia at left side of diaphragm (Figure 2). The pathology seen on right hemithorax on chest X-Ray was described as plait...
of patient’s hair! (Figure 3, 4). So, when there was seen an atypical lesion on chest X-Ray, you have to keep in mind that it can be a part of your patient and you should think twice before your patient take a thorax CT! Additionally, patient was diagnosed with paraeusafagial hernia. Because of she had no symptom surgical intervention was not performed.

Figure 2. Shows paraeusafagial hernia (arrow).

Figure 3. Patient’s hair is seen on thorax CT (arrow).

Figure 4. Patient’s hair is seen on 3D image (arrows).