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EDİTÖRE MEKTUP
LETTER TO THE EDITOR

Sternal diastasis; computerized tomography findings

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To the Editor,

An 83-year-old male referred due to a sternal diastasis at the line of the sternotomy, which was incidentally observed on a thorax computerized tomography (CT) (Figure 1A). He underwent coronary artery bypass grafting surgery six years ago and had no complaint. The intraoperative course of the coronary artery bypass surgery was uncomplicated and the repair of the sternum was made properly at another hospital. The sagittal reformatted image and a three dimensional (3-D) CT scan revealed diastasis at the sternum and low degree herniation of the right ventricle to the subcutaneous fat tissue (Figure 1B,2).

On the palpation, there was sternal instability and pulsatile soft tissue mass in the line of diastasis. The

patient was scheduled for surgical revision of the sternum. The sternum is a bone that extends horizontal through the middle of the anterior thoracic cavity (1). Sternal diastasis may be developing in elderly ages due to chest wall hyperexpansion (2). Physicians should be kept mind the sternal diastasis in the differential diagnosis of the pulsatile mass at the level of sternotomy line.

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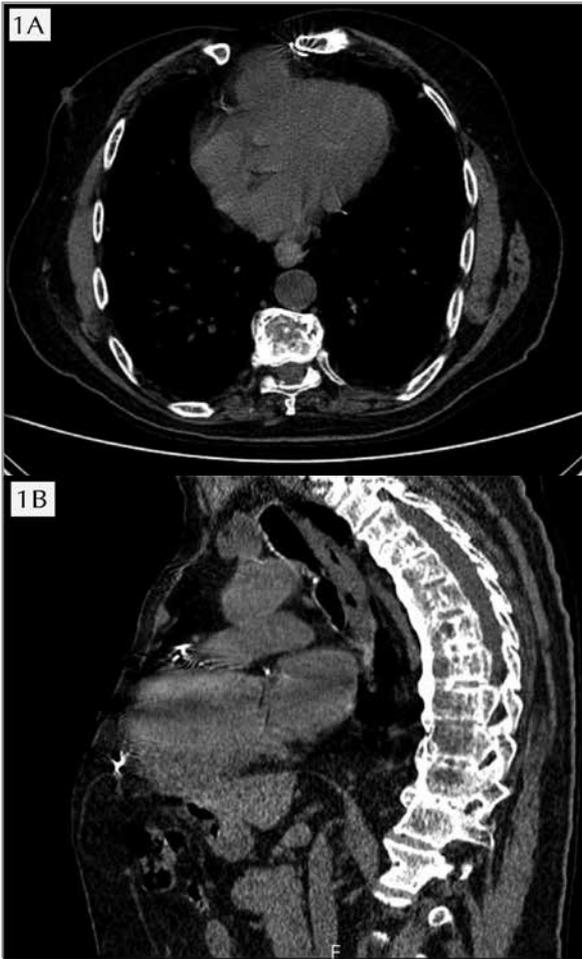


Figure 1. Axial thorax CT (A) and sagittal reformatted image (B) show sternum diastasis and the herniation of the right ventricle.

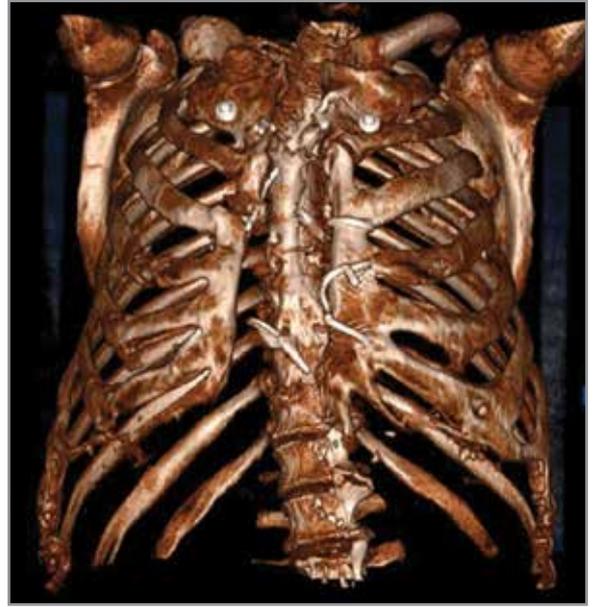


Figure 2. The volume rendering reformatted three dimensional (3-D) CT scan was verified sternum diastasis.

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