

[PICTURES IN CLINICAL MEDICINE]

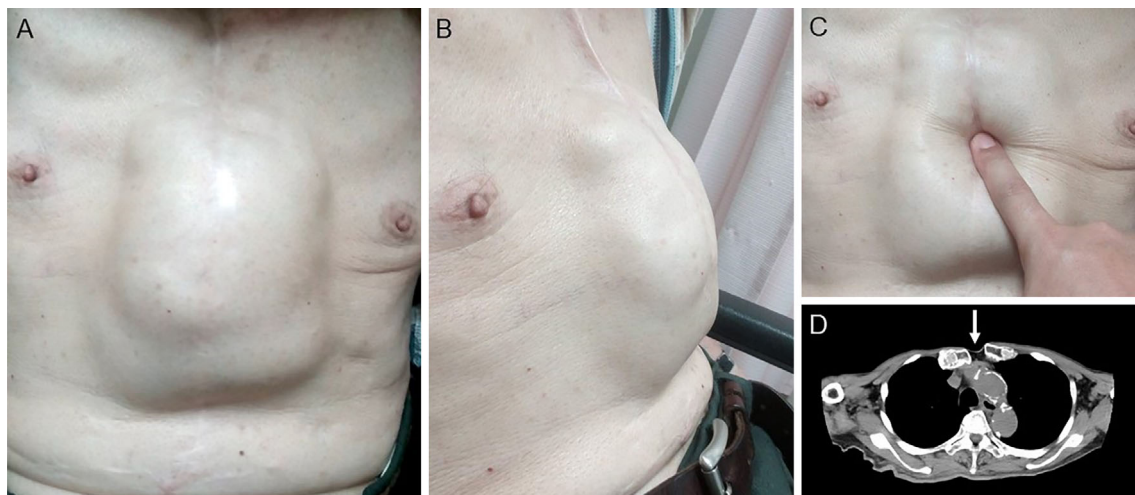
Linea Alba Hernia with Sternum Separation

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Picture.

An 80-year-old man presented with high blood pressure. He had been taking multiple antihypertensive drugs and maintained good blood pressure for decades, but he had lost them a few days earlier. On a physical examination, chest auscultation demonstrated no murmurs or rales. Of note, a rectangular mass was found protruding from the middle of the chest and upper abdomen (Picture A, B). The mass was soft and non-tender with peristaltic motion and likely had a hollow structure, findings consistent with the intestines (Picture C). After taking his history, it was revealed that the patient had undergone coronary artery bypass surgery decades earlier. The operative course had been complicated by wound infection. Furthermore, he had a history of abdomi-

nal surgery for an unknown reason. A diagnosis of linea alba hernia with sternum separation (Picture D, arrow) was made on computed tomography without the administration of contrast material, although the possibility of iatrogenic hernia could not be ruled out. Repair surgery for the hernia was deferred based on his preference and asymptomatic status.

The authors state that they have no Conflict of Interest (COI).

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