An 89-year-old woman presented with a ten-year history of chronic dyspnea. She had previously suffered vertebral fractures in the past decade. She had been experiencing progressive dyspnea without cough, sputum or chest pain. She also reported progressive postural changes with a shortening of her stature. On examination, her vital signs were normal and her lungs were bilaterally clear on auscultation, with normal heart sounds.

Computed tomography of her body showed a remarkable degree of hyperkyphosis without any signs of any intrathoracic abnormalities. (Picture) The result of a blood test, electrocardiogram, and cardiac echocardiography showed no abnormal findings which could have caused her dyspnea. As a result, her chronic dyspnea was attributed to mechanical causes associated with her skeletal deformity. Hyperkyphosis in the elderly occurs due to vertebral fracture and degenerative disc disease (1). It is hypothesized that a distortion of the large airways can cause obstructive, and decreased rib mobility leading to restrictive ventilator dysfunction, and thus resulting in dyspnea (2). The prevention of kyphosis might reduce the development of respiratory morbidity in such cases.

The author states that he has no Conflict of Interest (COI).

References


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