A tall 32 y/o man was referred to our department following an episode of acute pleuritic chest pain located at upper left hemithorax without dyspnea. The patient’s chest X ray (CXR) had been reported to be normal (unavailable at time of lung scanning).

Lung perfusion images (fig. 1) showed absent radiotracer activity in the upper part of the left lung in a field, slightly smaller than upper pulmonary lobe that could not be specifically assigned to a group of segments. The defect revealed a sharp, well-delineated border in semi-lunar pattern with downward convexity. The patient underwent high-resolution CT (fig. 2), which confirmed diagnosis of pneumothorax.

As to our knowledge, there is only one similar report, previously1. Although it was emphasized that CXR plays a central role in the interpretation of lung perfusion scan2, it is not infrequent and rare that these radiographies misinterpreted to be normal, falsely1.

**BIBLIOGRAPHY**
