

A 72 year old man had presented to our cardiology department with angina pectoris. After coronary angiography, coronary artery bypass surgery was performed with cardiopulmonary bypass using saphenous vein graft to the left anterior descending and the right coronary artery. On post operative 1st day his mediastinal and chest tubes removed, the patient has taken to the service and discharged on post operative 7th day without any complication. On post operative 15th day the patient has presented to our clinic with dispnea. After first physical examination, respiratory sounds could not be auscultated at the right side of the chest. On X ray graphies; there were pneumothorax at the right side.

A broken and free tip of the sternal wire was noticed at lateral chest graphy (Figure 1). The patient was operated to fix sternotomy. A severe lung wound was observed due to tip of the broken steel wire after open the chest. The lung injury was repaired with primer suture by 4,0 prolene suture and chest tube was placed into right side of the chest. Sternum has fixed again with 8 sternal wire suture material (Figure 2).

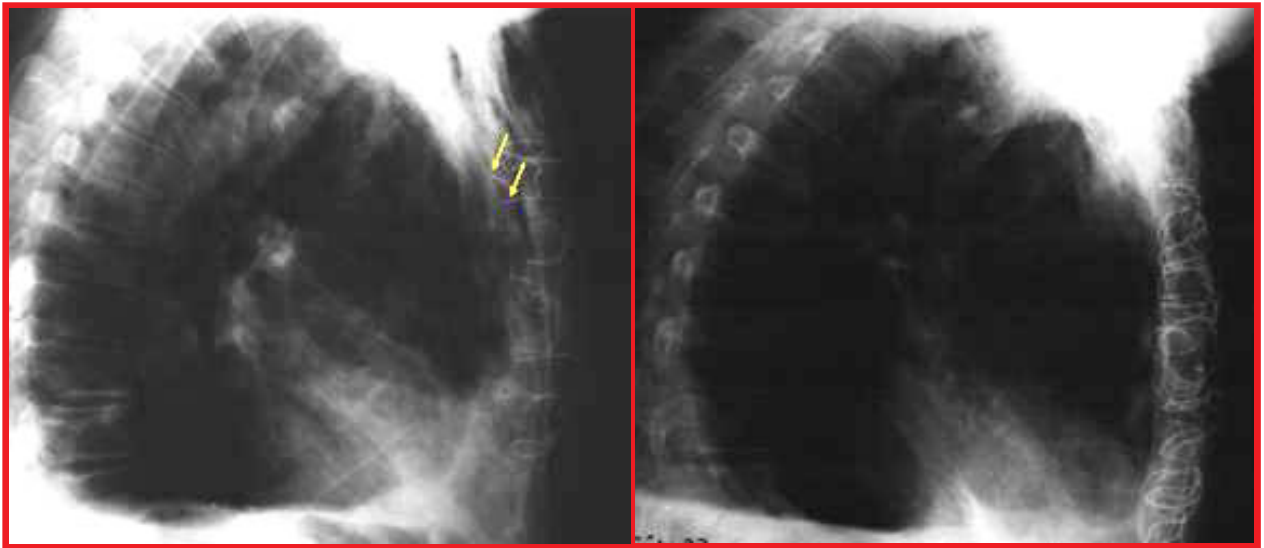


Figure 1. The right lung damage due to sternal wire suture material (arrowed) **Figure 2.** Postoperative control X ray graphy