

**Pectus Deformaties.** What is Pectus anomaly? Pectus anomaly describes a deformity with the sternum (breastbone). There are two main types of anomaly:

- Pectus excavatum (PE, or “funnel chest”/“sunken chest”) in which the sternum is depressed, and so the chest looks hollow.
- Pectus carinatum (PC, or “pigeon chest”) in which the sternum is raised and so the chest pushed out There is also a rare third type of anomaly called pectus arcuatum. This is where there is a ridge high across the upper part of the sternum and so the rest of the chest falls away to a flatter shape. Pectus anomalies occur in approximately 4 people in every 1,000 and are more common in men. Anomalies vary from mild to very marked.

What causes pectus excavatum/carinatum? Pectus anomalies are thought to be caused by poorly coordinated and possibly excessive growth of the costal (rib) cartilages. The anomaly occurs at the junction of the ribs and sternum (breast bone) where the growing part of each rib – the cartilage – is located. Overgrowth of the cartilage causes the ribs and cartilages to “buckle” and pushes the sternum either inwards (pectus excavatum) or outwards (pectus carinatum).

Certain conditions are associated with pectus anomaly, including scoliosis (where the spine curves and becomes deformed), Marfan’s syndrome (an inherited disorder of the connective tissue) and Poland’s syndrome (a rare inherited condition which involves the absence or underdevelopment of the chest muscles on one side of the body).

A pectus anomaly is often seen at birth but usually becomes more obvious during early adolescence when growth is rapid. Once growth is complete the anomaly remains the same.

Surgical correction of pectus anomalies can now be performed with low morbidity, low cost, minimal limitation in activity and a high frequency of symptomatic improvement.

To make an appointment to discuss this topic, please call or email at the information listed below.

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