

Images in...

Flail chest from blunt thoracic trauma

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DESCRIPTION

A 56-year-old male smoker sustained non-penetrating left-sided chest trauma, following a 2-m fall onto a flat-topped wooden post. He was in severe pain and respiratory distress in the Emergency Department, with a dramatic degree of flail and marked subcutaneous emphysema (see video 1). A left side tube thoracostomy was inserted urgently with marked improvement in respiratory parameters. Subsequent CT thorax confirmed left-sided haemopneumothorax, subcutaneous emphysema, multiple rib fractures and adequate chest tube position (figures 1 and 2). Analgesia was provided by thoracic epidural infusion of local anaesthetic and fentanyl. This allowed early chest physiotherapy and mobilisation, and helped prevent hypoventilation and sputum retention which may have led to respiratory infection and delayed recovery.¹ The chest tube was removed on day 3 and the patient was discharged home on day 5. He has since made a full recovery. Chest radiograph at 2 months is shown in figure 3.

Video 1 Flail chest.

Competing interests None.

Patient consent Obtained.

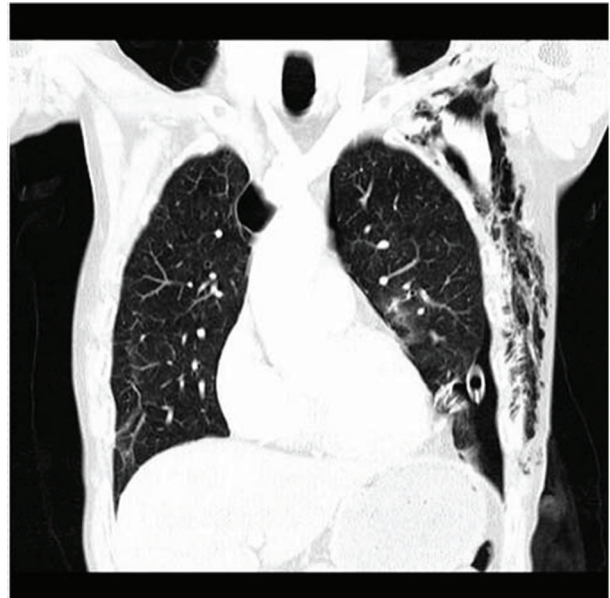


Figure 2 CT thorax showing marked left sided subcutaneous emphysema.

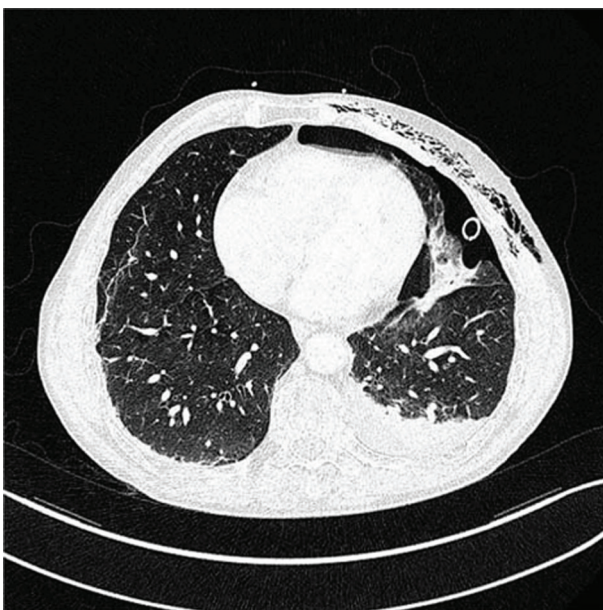


Figure 1 CT thorax showing left-sided haemopneumothorax, subcutaneous emphysema and tube thoracostomy.

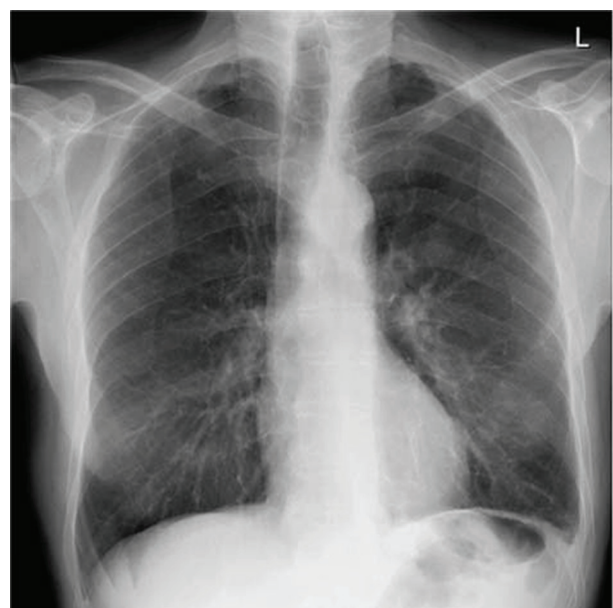


Figure 3 Chest radiograph showing complete resolution 2 months postinjury.

REFERENCES

1. **Bulger EM**, Edwards T, Klotz P, *et al.* Epidural analgesia improves outcome after multiple rib fractures. *Surgery* 2004;**136**:426–30.

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