Chest-tube malposition in Diaphragmatic Injury

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ABSTRACT

In blunt trauma, diaphragmatic injuries are often overlooked. The repair of a diaphragmatic injury is not technically demanding in immediate period. However delayed diagnosis can cause serious complications such as respiratory compromise and incarceration of abdominal organs. Authors report a left diaphragmatic injury accompanied by herniation of stomach.

KEYWORDS: Malposition, Chest tube, Diaphragm, Injury

CASE

A 67 year-old male was transferred by 119 paramedics. The patient underwent driver TA. The patient was entrapped in the crushed car when the paramedics arrived at the scene of the accident. Patient’s mental status was stupor on arrival to trauma center. Initial blood pressure was uncheckable. Heart rate was 86/min. respiratory rate was 32/min. body temperature was 35.4C. Endotracheal intubation was performed immediately. During resuscitation, tube thoracostomy was performed for both chest because of both chest wall crepitus. After tube thoracostomy, chest X-ray was performed (Fig.1). Chest CT was performed after stabilization of blood pressure (Fig. 2,3). The chest CT showed both hemopneumothorax. The left chest tube was placed in the abdominal cavity (Fig.4).

DISCUSSION

Chest tube malposition can happen in diaphragmatic injury. A clinical suspicion is important for the diagnosis of diaphragmatic injury.

# Conflict of Interest Statement

None of authors have a conflict of interest.
Figure 1. Chest AP shows elevated Lt. diaphragm and unfavorable chest tube position.

Figure 2. Chest CT shows both hemopneumothorax.

Figure 3. Chest CT shows left chest-tube malposition.

REFERENCES