DUK 4-0

DB
086644

Hospital Course:

55 year old male with blunt chest trauma (crush injury); admitted on 25-7-04 to DEM. Trauma system activated.
Injuries: multiple rib fractures on the right with haemo-pneumothorax. Possible flail segment. No other injuries on CT scan.
Right tube thoracostomy performed for haemo-pneumothorax. Admitted to ICU.
26-5-04
Appeared stable with 150 ml of total drainage from the chest-tube. Patient transferred to the ward by ICU JHO.
27-5-04
Stable without complaints, eating and drinking well during the morning rounds.
Seen by physiotherapist at 11:20 AM.
Surgical PHO called urgently to the ward at 1300, as patient became hypotensive with increasing blood loss from the chest tube. Chest X-ray demonstrated white out of the right hemithorax and chest tube drained 500-700ml after readjusting the tube. Patient immediately transferred to ICU for intubation and resuscitation. Immediately attended by ICU consultant Dr. Younis. Proper resuscitation was performed with blood products, fluids, vasopressors. CVP line inserted, during that stage he became more hypotensive and bradycardic. Improved haemo dynamically after treatment.
CT scan revealed left clotted hemothorax, pneumomediastinum and ?blood in pericardium. As a last resort, under bed side ultrasound guidance pericardiocentesis was performed and a pericardial catheter inserted. No further blood drainage noted,. Patient progressively detoriated with severe hypotension refractory to treatment. Rescue team from RBH did arrive but patient did not recover and was pronounced deceased at around midnight.

Post-mortem Findings:

1. Clotted hemothorax – source of bleeding intercostal arteries.
2. No major vascular injuries.
3. Hemopericardium – app. 150ml.
4.

REVIEW:

Patient was properly managed. The team did not realize the severity and late consequences of Crush injury to the chest. Serial cardiac enzymes were not measures. Troponin levels were 0.04 on 26-5 and 0.22 on 27-5. We were late to recognise cardiac tamponade and possible myocardial contusion. Emergence thoracotomy, even though discussed by both the surgeons would not have made any difference in the outcome of the patient.

Educational Aspects:

The case has been discussed with all the staff in the surgery department with special stress to the late effects of crush injury to the chest.