

Clinical Image

Traumatic Thoracoplasty: Conservative Treatment or Surgery?☆



Toracoplastia traumática ¿tratamiento conservador o quirúrgico?

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We report the case of a 76-year-old man who was involved in a high-impact traffic accident. He arrived at the emergency department already intubated due to respiratory failure, with signs of chest injury and left hypoventilation. A total body CT scan showed

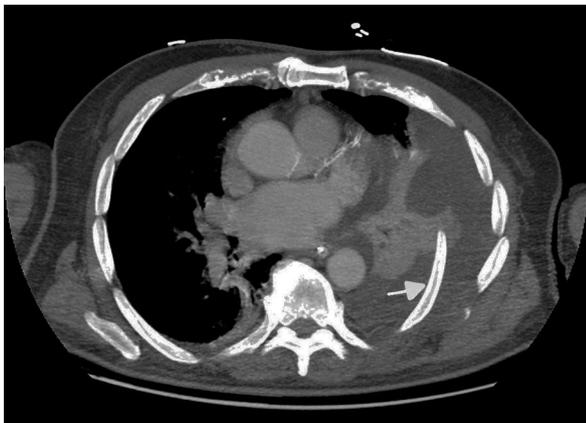


Fig. 1. Cross-sectional slice from the chest computed tomography, showing a segment of the left rib piercing the lung (arrow) with associated hemothorax.

posterior and axillary fractures of the third to twelfth left ribs, piercing the pulmonary parenchyma, causing a large hematoma in the chest wall, pulmonary contusion, and hemothorax (Fig. 1). A left chest tube was placed, from which 1000 ml of blood was drained; bleeding was then controlled and the lung was re-expanded, so urgent surgery could be avoided. The patient was weaned from ventilation on day 5, and good pain control was achieved with epidural analgesia, so we decided to manage the patient conservatively.

Traumatic thoracoplasty is understood as a type of severe closed chest injury, characterized by the absence of paradoxical chest movement, since the rib fractures are impacted in the lung.

Intervention is recommended in cases in which the only reason for maintaining mechanical ventilation (MV) is unstable thorax, in cases which must be operated for other reasons, and in the case of extensive rib injury requiring prolonged MV.^{1,2}

References

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