

CASE PRESENTATION

BLUNT CHEST TRAUMA

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INTERN DOCTOR

MULAGO NRH

- KH, 28Y/M a motor cyclist with no known chronic illnesses came in with prior history of being involved in a road traffic accident 2 hours ago where he collided with another motor cyclist fell off a boda boda into a trench by his right side of the body after which he developed worsening generalized chest pain exacerbated by breathing n change of position associated with DIB without cough or palpitations. Reported headache , loss of conscious for some time but there was no convulsions, vomiting
- He reported history of another accident that happened 4 months ago and never went to any health facility where he sustained a chest pain that he could manage with over the counter analgesics

Airway and C-spine	In obvious respiratory distress Able to talk and support his neck	
Breathing	RR-36cpm,SP02-92% RA Chest is asymmetrical right side not moving on respiration , generalized tenderness , absent air entry, reduced breath sounds no added sounds with a stony dull percussion note in the right hemi diaphragm Left hemi diaphragm was normal	Oxygen therapy-NP-SPO2-98% Inserted an emergency right chest tube UWSD drained 1L of bloody fluid on spot

Circulation	<p>warm extremities no pallor Tachycardia 120bpm strong pulse BP 124/70mmHg Capillary refill <2s</p>	Iv fluids 1.5l N/s
Disability	<p>GCS-E-4,V-5,M-6=15/15 Pupils: EARL soft neck normal power in both limbs with limited range of motion of the right upper limb, Intact sensation</p>	Arm rest

Exposure	Facial, fore arm and scalp lacerations posterior and anterior chest wall bruises Abdomen-normal fullness	Sutured IM diclofenac 75mg given
E-FAST	Right sided heamothorax R/o pneumothorax	Planned for CXR and Brian CT scan

S	Signs and symptoms	DIB with chest pain worsening on moving the right hand Facial and scalp lacerations Anterior and posterior chest wall bruises
A	Allergies	None
M	Medications	Last took unknown analgesics 5 days ago
P	Past medical history	No known chronic illness,HIV sero status not known(last tested 5months ago) no history of surgery
L	Last meal	Last ate lunch 5hrs ago
E	Events	He collided with the other motorcyclist n fell off the boda boda into the trench

Problem list

- Right hemothorax
- ?? Rib fracture
- Mild traumatic brain injury

Follow up

- Brain CT scan done was normal.
- Chest x-ray showed massive right sided pleural effusion with fracture of ribs 5,6 and 7
- Cardiothoracic surgeons informed reviewed and admitted the patient to their ward for further management chest drain monitoring
- IV Ceftriaxone 2g od x 5/7
- IV metronidazole 500mg tds x 5/7
- IM TT 0.5ml stat
- IV Paracetamol 1g tds x 3/7
- IV NS 2L in 24HRS.

- Chest drain was monitored while in the CTS ward for 10 days
- Did a repeat CXR with cleared hemothorax and chest tube was removed
- He was discharged on oral antibiotics and analgesia the following day to be reviewed in two weeks in their clinic