OP2 BILATERAL PNEUMOTHORAX FOLLOWING AIRBAG DEPLOYMENT

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Introduction: Use of airbag especially in conjunction with three-point belt restraint system significantly reduces mortality due to road traffic accident. However, over the years, there is increase in reported case of airbag associated injuries, some of them are even deemed life threatening. We reported an unusual case of bilateral pneumothorax without chest wall injury due to airbag deployment

Case description: A healthy 35-year-old male car driver suffered bilateral pneumothorax without any associated chest injuries except for right clavicular fracture due to blunt trauma to after airbag deployment chest following the impact of head on collision with another car. Initial examination was equal air entry equally. He was not in respiratory distress and bilateral chest spring was negative. Oxygen saturation was 99% under room air. sonography however reveals barcode sign over bilaterally in conjunction with the absence of sliding sign. Chest Xray bilateral pneumothorax revealed midshaft fracture of right clavicle. Bilateral chest drains were inserted, and patient had uneventful hospital stay.

Discussion and Conclusion: This case demonstrates bilateral pneumothorax in

blunt chest wall trauma associated with airbag deployment could happen in absence of significant chest wall injury. Airbag deployment causes certain pattern of injuries but mostly minor at the cost of reducing more serious injuries. Most common injuries involve head, neck and upper limb followed by thorax. Thorax injuries attributed to airbag deployment includes rib fractures, aortic injuries, lung including pneumothorax and iniuries cardiac injuries. the patient in the case report has no external sign of injury or no rib fracture. This paper discusses how pneumothorax could occur following deployment causing airbag without injury. external it also discusses importance of ultrasound in finding of injuries which otherwise maybe missed.

Keywords: Pneumothorax, airbag, trauma