

PP090 ILLEGAL IMMIGRANTS OF THE THORAX

Ismawati Ismail¹, Rohaizat Rusli²,

¹*Emergency and Trauma Department, Hospital
Enche Besar Hajjah Khalsom*

INTRODUCTION

The diaphragm is a double-domed sheet of skeletal muscle, located at the inferior most aspect of the rib cage. It separates the thoracic cavity from the abdominal cavity. Rupture of diaphragm is a potentially life-threatening condition.

CASE REPORT

This is a 53years old Chinese man, not known medical illness, alleged motor vehicle accident by which his car was skidded and the victim was thrown out of the car. The victim was found unconscious and gasping. In Emergency Department, patient was intubated for airway protection. Upon examination of the victim, there was subcutaneous emphysema developed over the left chest wall with no obvious external wound. On auscultation, there was reduce air entry over the left lower zone. Chest radiograph done showing presence of subcutaneous emphysema over left chest wall, 3rd and 4th left anterior rib fracture with the Ryle's tube marking presence in the left thoracic cavity. CECT thorax and abdomen done showing there is a defect over the medial aspect of left hemidiaphragm with herniation of the entire stomach, part of D1 and spleen into the left thoracic cavity.

DISCUSSION

Any injury below the 5th intercostal space should raise suspicion of diaphragmatic penetration and therefore injury to the abdominal content. The injuries in the junctional zone should be managed as if both cavities had been injured. Diaphragmatic rupture usually associated with herniation of the

abdominal content into the chest. Chest radiography after placement of nasogastric tube may be helpful in making the diagnosis

CONCLUSION

Penetrating or blunt injuries of the lower half of the chest should raise suspicion of diaphragmatic injury. Operative repair recommended in all cases by which strangulation of any herniated abdominal content can occur and the patient have a high mortality rate.