PP077 WHEN THE AIR BECOMES THIN: A CASE REPORT OF TRAUMATIC RUPTURE OF THORACIC AORTA TRANSPORTED VIA MEDEVAC

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ABSTRACT

Air ambulance service plays a pivotal role in the prognosis of a trauma patient. We present a case of a 25-year-old gentleman presented with severe blunt chest injury following a road-traffic accident. The chest radiograph showed a widened mediastinum with blurred aortic knob and a right pneumothorax. Spiral CT of the thorax revealed a traumatic rupture of descending aorta with mediastinal hematoma. The patient was transferred via air ambulance to a cardio-thoracic center for surgical intervention. Bilateral chest drains were inserted, and elective intubation was performed in preparation for air transport. He underwent surgery successfully. Air transport poses challenges. Therefore, adequate preparation and a skillful team is fundamental prior to take off. The change in air pressure possess great risk to the physiology of the trauma patient. Intubation was the choicest method despite the risk of dislodging the clot hence obtunding the tamponade effect on the transected vessel. Rapid change in pressure also may cause secondary pneumothorax, hence a second chest tube inserted. Adequate pain control keeps the work of breathing optimum. Permissive hypotension facilitates coagulation of injured vessels. Air transport dramatically changes the outcome of trauma patient. Meticulous preparation is the key in successful air transport.