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**INTRODUCTION**

Cough is one of the commonest symptoms of patients when attending the Emergency Department (ED). Usually self-limiting and harmless, violent bouts of cough have been reported to cause complications such as rib fracture, with rare complications of pneumothorax and subcutaneous emphysema.

**CASE REPORT**

Mr LYC, a middle-aged gentleman with underlying hypertension, dyslipidaemia and chronic obstructive pulmonary disease (COPD), presented to the ED complaining of sudden onset of swelling over the right side of his face, neck and chest after a coughing episode that evening, associated with pleuritic chest pain. He complained of intermittent cough with whitish sputum for six months and was an active smoker. Upon examination, Mr LYC was mildly tachypnoeic with respiratory rate of 20 breaths/minute and pulse saturation of 94% on air. There was no obvious facial swelling or angioedema. Crepitus was palpable over the skin of the right side of his face, neck and chest. There were generalised rhonchi with prolonged expiratory phase on lung auscultation. A plain chest radiograph was done and extensive subcutaneous emphysema was seen over the right chest extending up to the neck with right lower lung consolidation. He was admitted to the medical ward and an urgent HRCT Thorax was done on the same day. HRCT Thorax showed right 6<sup>th</sup>, 7<sup>th</sup> and 9<sup>th</sup> rib fractures with right-sided pneumothorax, pneumomediastinum,

extensive subcutaneous emphysema, right basal lung collapse and a large bulla over the right lower lung lobe. A chest tube was inserted and Mr LYC was started on empirical antibiotics to cover for pneumonia.

**DISCUSSION AND CONCLUSION**

Cough induced rib fractures is an uncommon complication of coughing. The diagnosis may be difficult and challenging but should be considered in any patient with acute onset chest pain following coughing. Prompt detection and diagnosis is essential so that appropriate treatment is administered.