

**PP129 A NEAR MISS IN A  
PRECARIOUS AND  
TREACHEROUS TRACHEA**

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**INTRODUCTION**

Laryngotracheal injury is a rare but life-threatening condition. It continues to pose diagnostic challenges especially among junior emergency doctors. Prompt recognition of this injury is crucial in order to plan for proper treatment as it is associated with high mortality.

**CASE REPORT**

We report a case of a 77-year-old gentleman who visited to our Emergency Department 3 days after motor vehicle accident. He complaints of dyspnea on arrival and sustained laceration wound over suprasternal notch. He was seen by junior medical officer in emergency room and decided for discharge after wound suturing. However, case was subsequently reexamined by emergency physician and subtle cervical crepitus was elicited. A second review of chest radiograph detected the missed abnormal findings such as pneumomediastinum and subcutaneous emphysema in the visualized neck. The patient's condition deteriorated and required endotracheal intubation and mechanical ventilation in the emergency room. Further investigation was made with CT thorax which demonstrated penetrating foreign body over anterior upper mediastinum with left main bronchial injury. Patient was subsequently admitted to intensive care unit. However, he succumbed to his death on day 3 of admission due to severe pulmonary contusion with superimposed infection.

**DISCUSSION AND CONCLUSION**

Tracheobronchial injury can be severe and most of the patients die at the scene. Most late deaths are due to associated injuries or multiorgan dysfunction. This case depicted the significance of frequent tactful reassessment in trauma patient as it gives emergency doctor a chance to reduce the occurrence of misdiagnosis of tracheobronchial injury. Orotracheal intubation must be extra cautious as it is potentially worsening a pre-existing tracheal injury. Emergency doctor must be careful not to miss more subtle findings when interpreting a chest radiograph. This case highlights the importance of strategy development among junior emergency doctor to avoid diagnostic error while managing a potential case of tracheobronchial injury.