

intubation with a final diagnosis of advanced retroviral disease with pneumocystis pneumonia (PCP), various types of clinical decision making strategies are being discussed in different clinical phases before arriving to the final diagnosis. The advantages and disadvantages of each method are also being highlighted. In conclusion, there should be increase emphasize on learning and teaching decision making strategies and it's underlying cognitive phenomena to help emergency physicians' clinical decision process become more effective and less error prone.

PP 10

A CASE OF TRAUMATIC CARDIAC TAMPONADE – TEMPORIZED BY ULTRASOUND GUIDED PERICARDIOCENTESIS

Suresh N¹, Pratab G¹, Zarina N¹
Hospital Seberang Jaya, Penang,
Malaysia

INTRODUCTION

Cardiac tamponade is a life threatening injury following trauma where life can be saved with appropriate and timely intervention. Several studies have been published about management of cardiac tamponade comparing pericardiocentesis vs open surgery. In absence of cardiothoracic surgeon, pericardiocentesis remains the only option for treatment for cardiac tamponade. We present here a successful case of cardiac tamponade managed solely by pericardiocentesis under echo guidance.

CASE REPORT

A 37 year old man involved in motor vehicular accident was brought to emergency services by local EMS services. On presentation he was restless and agitated, tachypneic with vital sign in extremis. Bedside ultrasound shows no free fluid in abdomen and positive sliding sign in lungs however echo shows pericardial fluid collection with diastolic ventricular collapse. Pericardiocentesis were performed successfully under ultrasound guidance and catheter was anchored for future aspiration. Vital improved following pericardiocentesis, but patient required intubation due to type 1 respiratory failure due to lung contusion. He was subsequently transferred to centre with cardiothoracic unit. Patient was subsequently discharged well on day 15.

DISCUSSION

While studies have shown superiority of open heart surgery compared to pericardiocentesis, but in centers without cardiothoracic surgery, option to surgery is not available. As such pericardiocentesis might be the only option available, and sometimes may be the only treatment needed without proceeding to surgical repair as seen in this case. Medical literature is scarce regarding comparison of pericardiocentesis as sole management for cardiac tamponade vs open heart surgery in trauma. More study needed to compare between this two methods to find out if pericardiocentesis alone could be successful in managing traumatic cardiac tamponade.