

**PP131 HIS ORGAN IS NOT IN PLACE
– CHEST XRAY MIGHT HELP!**

N Farhani S¹, WN Faten WH¹, Rashdan R¹

¹*Emergency and Trauma Department (ETD),
Hospital Sultan Ismail, Johor Bahru*

choice but chest radiography, despite its various technical limitations, it remains a quick, cheap and valuable technique in an emergency setting to detect diaphragmatic rupture.

INTRODUCTION:

Traumatic diaphragmatic injury may occur following blunt or penetrating trauma. The commonest cause for blunt trauma is road traffic accident (RTA). A timely diagnosis can be problematic to any trauma department due to presence of other distracting, life threatening injuries and lack of specific clinical signs. Delayed in diagnosis will increase the morbidity and mortality for the patient. Even though chest x-ray is known to be unreliable in diagnosing traumatic diaphragmatic rupture due to its low sensitivity and specificity, but it is one of the most accessible and useful imaging modality.

CASE REPORT:

A gentleman presented to our ETD after involved in an accident. He was riding a car and hit by another car from the front which had caused death to another passenger in the same car. Upon assessment noted vitals stable except for tachycardia. Primary survey noted reduced air entry on the left side which was initially suspected to be pneumothorax or hemothorax. Hence portable chest x-ray was done but noted elevated left dome of hemidiaphragm, no evidence of pneumothorax or hemothorax. Surgical team was informed regarding the case then they proceed with CT chest and confirmed the diagnosis of left diaphragmatic rupture with stomach and omentum herniated into the left thoracic cavity. Trauma team proceeded with emergency exploratory laparotomy and noted 7cm horizontal tear extending to crus of diaphragm with stomach herniated to left thoracic cavity. Patient was doing well on follow up.

DISCUSSION:

AAC is commonly complicated from severe illness such as trauma, burns, sepsis or major surgery. In malaria, the pathophysiology of AAC is multifactorial and not very well elucidated. Increased bile viscosity, gallbladder ischaemia and sequestration of parasites in the microvasculature are among the mechanisms suggested for AAC pathogenesis. Most of the cases with AAC usually associated with other features of severe malaria.

CONCLUSION:

Post-traumatic diaphragmatic hernia is not an uncommon sequel. Lack of awareness of this diagnosis may result in life threatening complications. CT scan is the investigative tool of