

**PP137 DELAYED MASSIVE
HAEMOTHORAX
COMPLICATING RIB
FRACTURES: A RARE CASE
PRESENTATION**

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INTRODUCTION:

Chest trauma is one of the major causes of mortality in road traffic accidents. The incidence of delayed haemothorax from blunt chest trauma ranges from 5.0-7.4%, with massive haemothorax being much rarer.

CASE REPORT:

We report a case of this uncommon situation involving a 65-year old gentleman with alleged motor-vehicle accident (MB vs. MB) and sustained multiple right 2nd to 8th rib fractures. He was hospitalized for five days for close monitoring and pain management. Unfortunately, two days after his discharged at 7 days post-MVA, he presented to us again with shortness of breath and right chest pain. He was tachycardic (PR: 130 bpm), mildly tachypnoeic (RR: 20 breaths/min) and his SpO₂ was 90% under room air. His right lung was dull to percussion and there was a marked reduced air entry all over his right lung field. Chest radiograph showed homogenous opacity all over the right lung. Right thoracostomy tube was inserted draining 800 ml of frank blood upon insertion with a total of 1250 ml within 12 hours. Packed cell was transfused and Tranexamic acid was given. Adequate analgesia was addressed. The patient was later transferred to the nearest cardiothoracic centre for further management.

DISCUSSION AND CONCLUSION:

The possibility of delayed sequelae following chest trauma should be considered in blunt chest traumas and be communicated to the patient and the family to encourage vigilance and monitoring even after being discharged home from the initial hospital monitoring. Despite rarely requiring emergency surgery, delayed massive haemothorax is potentially life-threatening.

Keywords: accidents, traffic; haemothorax; thoracostomy; rib fractures; wounds, non-penetrating.