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IMAGES IN EMERGENCY MEDICINE

Faecal mediastinitis following decompression of suspected tension pneumothorax

A Ahmed-Nusrath, M A Nusrath, R Annamaneni

A 28-year-old caucasian man presented to the accident and emergency department with left sided abdominal pain. Shortly after admission he complained of difficulty in breathing and left sided chest pain and appeared in distress. Six months

before this admission the patient was involved in a road traffic accident and sustained fractures of the left fourth and fifth ribs and clavicle with bilateral lung contusion.

Clinical examination revealed decreased air entry with hyper-resonance on the left side. Urgent needle decompression resulted in release of air and faecal fluid. This was followed by tube thoracostomy

which drained feculent material. Chest x ray performed after tube thoracostomy showed a dilated loop of bowel with the chest drain in the left hemithorax (fig 1). A subsequent computed tomographic scan (fig 2) revealed diaphragmatic rupture with dilated loops of colon in the left hemithorax and the tip of the chest drain was seen to be penetrating the colon. The pleural cavity was soiled with faecal material.

This case highlights the pitfalls in the diagnosis of diaphragmatic injury and the potential dangers of inserting an intercostal drain into any intrathoracic gas collection, presuming it to be a pneumothorax.

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Figure 1 Anteroposterior chest x ray shows dilated loop of bowel with the chest drain penetrating it.

Figure 2 Computed tomographic scan shows loops of colon in the left hemithorax with the chest drain and collection of faecal material.