the patients are unwell or diagnosis is unclear should be reviewed by senior members of the team before a referral is made. We are developing guidelines for the assessment of undifferentiated clinical presentations to improve the training of junior doctors and also prevent mortality from common treatable medical conditions. Further study is required on a wider group with follow up of referred patients to identify errors leading to mortality and morbidity, to define early mortality, and to identify the preventable deaths. We have subsequently carried out additional staff teaching on sepsis management and the trust is introducing new guidelines based around the "Surviving Sepsis" campaign.¹⁰ The department will review its performance in a few years.

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IMAGES IN EMERGENCY MEDICINE

Intrathoracic lipoma in a child

M Whitlock, Kiran A Qureshi

A 10-year-old girl presented with a 2 week history of right sided chest pain, which was pleuritic in nature. On examination, the child was found to have absent breath sounds and absent vocal fremitus over the right upper chest. A plain chest radiograph (fig 1) showed a large homogenous mass in the upper half of the right lung field. A computed tomographic (CT) scan of the chest revealed a large mass compressing and distorting the right upper lobe. A provisional diagnosis of intrathoracic lipoma was made. The child underwent thoracotomy and enucleation of the lipoma. Postoperatively the child had an uneventful recovery.

Intrathoracic lipoma is a rare neoplasm. They frequently present with

Figure 1 Chest radiograph showing a large homogenous mass in the upper half of the right lung field

incidental radiographic findings, confounding clinical decisions.¹ A CT scan is considered the investigation of choice. World literature review supports complete excision for diagnostic and therapeutic purposes.

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