PICTORIAL

AN UNUSUAL COMPLICATION OF CHEST INTUBATION

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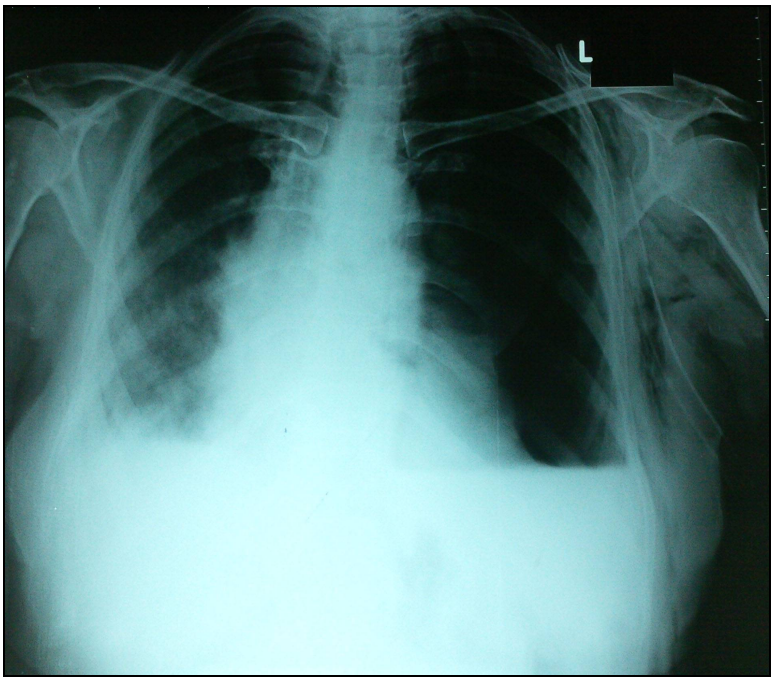

A 45 year old lady presented with history of left sided chest pain, shortness of breath and cough for 10 days. On examination she was afebrile, respiratory rate was 19 breaths per minute, blood pressure was 110/80 mmHg and pulse was 80 bpm. A chest tube was inserted in left 5th intercostal space. The tube thoracostomy was done in the local hospital. Previous chest X-rays showed left sided large pneumothorax. The patient reported that the tube was not working ever since it was inserted. A chest x-ray was ordered which showed the tube lying entirely under the skin and outside the pleural space and a left sided hydropneumothorax. Local subcutaneous emphysema was noted. The situation was explained to the patient and another tube thoracostomy was performed.

Tube thoracostomy is a procedure in which a tube is placed through the chest wall into the pleural cavity primarily to drain an air or fluid collection from the pleural space, but the tube can also be used to instill medications for pleurodesis. Its indications include pneumothorax which can be spontaneous, traumatic, and iatrogenic or tension pneumothorax. Other indications include Hemothorax following chest trauma or occurring postoperatively and pleural effusion. Tube thoracostomy is also used for pleurodesis in which Sclerosing agents are instilled into the pleural space for the management of refractory effusions or recurring pneumothorax.

Complications related to chest tube placement are related to the experience and training of the clinician, the indication for placement, and the circumstances under which the tube is placed (i.e, elective versus emergent). Complications of chest tube placement include malposition, infection (e.g, empyema, pneumonia), and organ injury (e.g., lung, diaphragm, heart, liver or spleen).

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