

Case	(019) Tension Hemothorax and Active intercostal Artery Bleeding
Authors	
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CASE PRESENTATION

A 78-year-old male inpatient with haemorrhagic shock suspicion

History: Outpatient at the ED with dyspnea and chest-X-Ray findings of a tension pneumothorax and pleural effusion. Was treated with a drainage thorax tube. The first chest-X-Ray control with well positioned tube is not shown. The tube was retired and the patient developed a right pleural effusion as well as a chest wall haematoma.

A month later, worsening of symptoms and chest-X-Ray and analytics findings suggested an haemorrhagic shock. He undertook a CT. Findings: Hyperattenuating heterogeneous massive pleural effusion with contralateral shift of the mediastinum and depression of hemidiaphragm. Active eight intercostal artery extravasation and an intercostal chest wall haematoma were found.

Other findings: medial esternotomy postsurgical changes and Aortic valve prothesis. Signs of pulmonary hypertension were detected.

DISCUSSION

Major hemorrhage following thoracic drainage tube is not frequent, it can also be the result of an inadequate hemostasis of a bronchial artery or systemic vessels in the chest wall. Bleeding related to a coagulation abnormality is rare. In our case we saw active intercostal artery bleeding, the cause of continuous pleural effusion may have been caused by the drainage tube extraction or insertion and inadequate hemostasis.

Key points:

CT-findings in hemothorax include heterogeneously attenuating pleural fluid, hyperattenuating areas of debris within pleural fluid, and a fluid-hematocrit level. These pleural pseudotumors can be distinguished from pleural-based masses by their high attenuation on unenhanced CT-scans. In this case there is no differential diagnostic, because we can see active artery bleeding in two acquisition phases. Tension haematoma: contralateral shift of the mediastinum depression of hemidiaphragm and almost no air in the right lung-

CONCLUSION

Hemothorax often manifests as a rapidly enlarging pleural effusion. Tension haematoma is an emergency and it is very useful to show the active bleeding to help in the treatment.



BIBLIOGRAPHY

- Eun Jin Chae et al. Radiographic and CT Findings of Thoracic Complications after Pneumonectomy. RadioGraphics: 2006; 26: 1449-67.