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Short Communication

Influence of Chest Injuries in Trauma Patients

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Introduction

Chest injuries are common in trauma patients. Studies of trauma patients with thoracic injuries have reported significant differences in morbidity and mortality, and studies comparing trauma patients with and without thoracic injuries are limited, especially in the Scandinavian population. I'm here. Thoracic injuries in trauma patients require early recognition and special attention. Differences in injury patterns in patient populations are important because they require different treatment regimens and influence treatment outcomes.

Description

Chest trauma is superior to chest radiography in diagnosing main bronchi or lobar/segmental rupture. However, with the advent of multichannel, multidetector Chest trauma, the sensitivity of Chest trauma imaging in diagnosing tracheobronchial injury has increased Standard oral tracheal intubation is sufficient, while the remaining patients require flexible bronchoscopy, open intubation, or tracheostomy for airway management. Clinical suspicion is the first diagnostic tool in patients with penetrating airway trauma, and early treatment with interdisciplinary teamwork saves lives.

Tracheobronchial injury is rare and potentially life-threatening. They can result from trauma from blunt or penetrating trauma, or from internal injuries from inhalation of vapours, gases, and liquids or foreign objects. The most dangerous aspect of tracheal trauma is the fact that it is often overlooked at first.

Most of the radiological changes described in tracheal or main bronchi transection or laceration are nonspecific but may be diagnostically significant in the appropriate clinical setting. To reassess the significance of these findings and to determine the presence of other abnormalities that may lead to a definitive diagnosis, rupture or transection of the trachea and/or main bronchi resulting from blunting. Upper thoracic fractures involving the clavicle, scapula, sternum, and ribs were seen in her four patients. Abnormal endotracheal tube appearance the presence provided concrete evidence of tracheobronchial injury. Although the primary importance of a chest X-ray in patients with tracheobronchial rupture may be to confirm the presence of an air leak, signs of lung collapse and the presence of abnormalities in the endotracheal tube are reliable indicators of airway injury.

The most common site of aortic rupture due to blunt chest trauma is at the level of the isthmus. Rupture of the aortic valve with simultaneous rupture of the ascending aorta is a rare entity, and relatively few patients suffer such injuries. Early diagnosis of such injuries is critical to facilitate timely intervention. We report the case that had ruptured the left coronary apex and ascending aorta in a motor vehicle accident. Diagnosis was made preoperatively using transesophageal echocardiography and was successfully operated by primary apposition of torn leaflets and aortic closure with a pericardial patch. Preoperative diagnosis of this rare injury combination has not yet been performed with transesophageal echocardiography. Cardiac involvement is common in patients with blunt chest trauma and multiple injuries [1-4].

Conclusion

A variety of cardiac structures may be involved, but isolated aortic valve rupture is rare. Transthoracic echocardiography followed by transesophageal echocardiography revealed disruption of the large anterior bicuspid cusps of the bicuspid valve with severe aortic regurgitation and no lesions or abnormalities in the thoracic aorta. Aggressive pharmacological management agreed to delay valve replacement to achieve resolution of concomitant lung injury.

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Conflict of Interest

authors declare no competing interest.

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