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RETHINK THE WAY YOU RELAX: A DEADLY LOUNGE

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Introduction

Spontaneous haemopneumothorax (SHP) is a rare, life-threatening pleural condition involving simultaneous air and blood accumulation in the pleural cavity.
Commonly misdiagnosed as simple pneumothorax, delayed recognition increases morbidity. We report a striking case of SHP in a healthy young man after lounging on a massage chair.

Case Description

A 33-year-old Thai male with no known pulmonary disease or coagulation disorder, presented with acute onset central chest pain, left-sided back pain, and a pre-syncopal episode after lounging on a massage chair. On arrival, he was tachypneic with vital signs of BP 84/60 mmHg, HR 116 bpm and SpO 98% on room air. Bedside ultrasound revealed A-profiles with absent lung sliding on the left with mediastinal shift and chest X-ray confirming a left-sided tension pneumothorax.
A chest tube was inserted, releasing high-pressure air. However, within the first hour, the tube drained 1 liter of blood, revealing a massive hemothorax. Despite aggressive resuscitation, he remained hemodynamically unstable. CTA thorax showed segmental collapse of the left upper lobe with bronchiectasis. No vascular malformations or malignancy however unable to exclude bronchopleural fistula, prompting urgent video-assisted thoracoscopic surgery (VATS) and bullectomy.

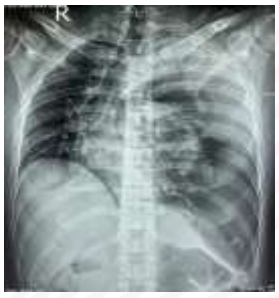

FIGURE 1:CHEST X RAY BEFORE CHEST TUBE

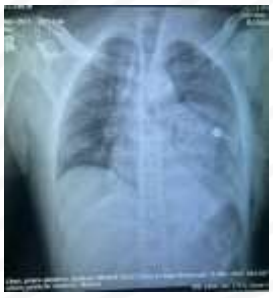

FIGURE 2: CHEST X RAY AFTER CHEST TUBE

Discussion

- SHP may result from ruptured vascular adhesions or secondary lung pathology (e.g. PTB, emphysema).
- Patient may present in respiratory distress with signs of hemodynamic instability
- Initial management: hemodynamic resuscitation and chest tube insertion
- Surgical intervention is warranted if ongoing hemorrhage and persistent hemodynamic instability.

Conclusion

SHP can be insidious and requires high index of suspicion. It may occur in unexpected settings with no history of antecedent trauma. Early recognition, rapid intervention and a multidisciplinary approach are crucial for promising outcomes.

References

Schnell J, Beer M, Eggeling S, Gesierich W, Gottlieb J, Herth FJF, Hofmann HS, Jany B, Kreuter M, Ley-Zaporozhan J, Scheubel R, Walles T, Wiesemann S, Worth H, Stoelben E. Management of Spontaneous Pneumothorax and Post-Interventional Pneumothorax: German S3 Guideline. Respiration. 2019;97(4):370-402. doi: 10.1159/000490179. Epub 2018 Jul 24. PMID: 30041191

- Sano A. Multidisciplinary team approach for complicated pneumothorax. J Thorac Dis. 2018 Jul;10(Suppl 18):S2109-S2110. doi: 10.21037/jtd.2018.06.94. PMID: 30123534; PMCID: PMC6072942.

- Savitsky E, Oh SS, Lee JM. The Evolving Epidemiology and Management of Spontaneous Pneumothorax. JAMA. 2018 Oct 9;320(14):1441-1443. doi: 10.1001/jama.2018.12878. PMID: 30304415

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