بسم الله الرحمن الرحيم

INDICATIONS OF THORACOTOMY IN CHEST TRAUMA

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INDICATIONS OF THORACOTOMY IN CHEST TRAUMA

IN CHEST TRAUMA THE NEED FOR
THORACOTOMY IS EITHER:

1. EARLY- IMMEDIATE OR ...
EMERGENCY
THORACOTOMY. OR

2. LATE OR DELAYED .\\
THORACOTOMY.

chest wall:

- A. fail segment: if patient opened for other indication
- B. lost segment: if more than 5 cm in diameter anteriorly and more than 10 in diameter posteriorly

Sternum:

- Displaced fracture
- lost segment

Diaphragm:

- Traumatic hernia
- diaphragmatic injury

Oesophagus:

Perforation

Lungs:

- a. Massive laceration of the lung----Hemothorax and Pneumothorax
- b. Ruprure bronchus.

pleura:

A. massive hemothorax: more than 1500 ml blood picture of massive pleural effusion + picture of internal hemorrhage

B. repeated bleeding : > 300 ml of blood per hour for more than 3 to 4 hours

C. ruptured bronchus: tension pneumothorax, neumomediastinum

heart:

- a. cardiac arrest for open cardiac massage
- b. cardiac tamponade

others:

- a. thoraco abdominal injuries
- b. mediastinal structure injury

LATE INDICATIONS:

- 1. neglegted diaphragmatic hernia----repair
- 2. neglegted pneumothorax with empyema----- decortication
- 3. neglegted clotted hemothorax-----evacuation
- 4. organized hemothorax (frozen chest)-----decortication

LATE INDICATIONS:

- 5. chronic empyema-----decortication
- 6. retained foreign body-----extraction
- 7. cardiac injuries:
- traumatic vavular injury eg. Mitral regurge
- post traumatic VSD
- Aortic rupture

Pulmonary complications.

Pleural space complications.

Vascular complications.

Chest wall complications.

Mediastinal complications.

Pulmonary complications:

- 1. atelectasis.
- 2. Acute respiratory distress syndrome (acute lung injury).
- 3. pneumonia.
- 4. infarction.
- 5. Lung abscess.
- 6. Arteriovenous fistula.
- 7. Bronchial stenosis.
- 8.tracheo-esophageal fistula.

Pleural space complications:

- 1. Empyema. .
- 2. Bronchopleural fistula
- 3. Organized hemothorax.
- 4. Chylothorax.
- 5. Fibrothorax.
- 6. Diaphragmatic hernia.

Vascular complications:

- 1. Thromboembolism.
- 2. Air embolism.
- 3. Pseudoaneurysm.
- 4. Great vessel fistula.

Chest wall complications:

- 1. Wound infection. .\
- 2. wound dehiscence.
- 3. Hernias.
- 4. Persistent pain.
- 5. Deformity.

Mediastinal complications:

- 1. Mediastinitis.
- 2. Pericarditits.
- 3. Mediastinal abscess.

Thankyou