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Images in emergency medicine

Bilateral tension pneumothorax

A 24-year-old woman was transferred from an outpatient surgery centre by the paramedic service. During surgery for bilateral augmentation mammoplasty (*) sudden hypoxaemia developed with oxygen saturation decreasing to 58% and drop of blood pressure from 130/95 to 78/61 mm Hg (systolic/diastolic). Due to diminished breath sounds a chest tube was placed on each side and the patient immediately referred to the emergency room. Chest x-ray on admission revealed bilateral tension pneumothorax with both lungs entirely collapsed (figure 1A). The heart silhouette appeared compressed and depression of both diaphragms (▶) was observed, corresponding to a ‘deep sulcus sign’. Due to bilateral pathology no significant shift of the mediastinum was present. After placement of additional chest tubes (→) the pneumothorax resolved on both sides (figure 1B). Immediate follow-up CT demonstrated air entrapment in the

right breast implant (dotted →) as a sign for rupture due to rough surgical handling (figure 1C).

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Contributors Both MW and EJR contributed in selection and preparation of the images and wrote the article. Similarly both authors were involved in the care of the patient presented.

Competing interests None.

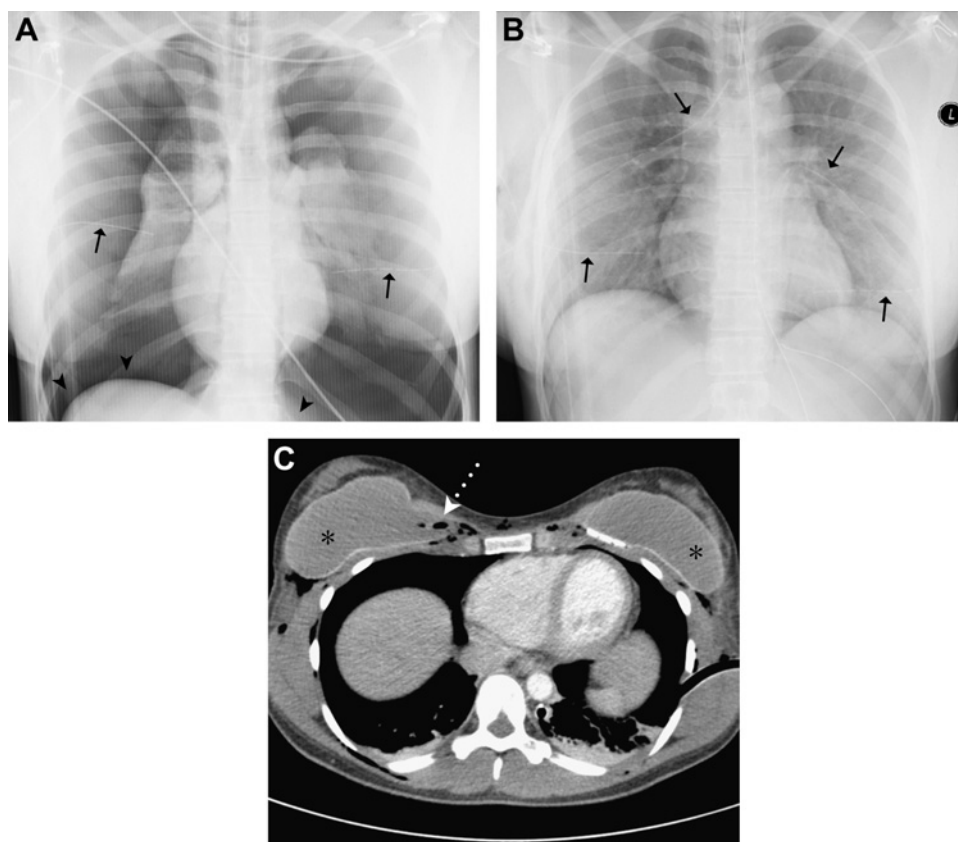
Provenance and peer review Not commissioned; internally peer reviewed.

Accepted 27 January 2012

Published Online First 19 February 2012

Emerg Med J 2012;**29**:752. doi:10.1136/emered-2012-201155

Figure 1 x-Ray images before (A) and after placement (B) of the chest tubes. (C) transverse CT Scan at the level of the heart, similarly after placement of the chest tubes.





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Emerg Med J 2012 29: 752 originally published online February 19, 2012
doi: 10.1136/emered-2012-201155

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