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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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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