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Abstract: ABSTRACT: Thoracic injuries play an important role in major trauma patients due to their high incidence and critical relevance. A serious consequence of thoracic trauma is pneumothorax, a condition that quickly can become life-threatening and requires immediate treatment. Decompression is the state of the art for treating tension pneumothorax. There are many different methods of decompression using different techniques, devices, valves and drainage systems. Referring to our case report we would like to discuss the utilization of these devices. We report of a patient suffering from tension pneumothorax despite insertion of a chest drain at the accident scene. The decompression was by tube thoracostomy which was connected to a Heimlich flutter valve. During air transportation the patient suffered from cardiorespiratory arrest with asystole and was admitted to the trauma room undergoing manual chest compressions. The initial chest film showed a persisting tension pneumothorax, despite the chest tube that had been correctly placed and connected properly to the Heimlich valve. We assume that the Heimlich valve leaves did not open up and thus tension pneumothorax was not released. We would like to raise awareness to the fact that if a Heimlich flutter valve is applied in the pre-hospital setting it should be used with caution. Failure in this type of valve may lead to recurrent tension