

# CHEST TRAUMA

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The approach to trauma must be methodical and exact because the signs, particularly in the presence of other injury , - . -

(a) (b) Figure 60.27 (a) A large solitary bulla seen on videothoracoscopy. (b) The bulla de /f\_l ated and rolled in preparation for staple resection. /uni00A0

and ATLS (Advanced Trauma Life Support) must be followed. Thoracic trauma is responsible for over 70% of all deaths following road tra ffi c accidents. Blunt trauma to the chest in isolation is fatal in 10% of cases, rising to 30% if other injuries are present. The indications for emergency room thoracotomy in blunt chest trauma include massive haemothorax, sus pected cardiac tamponade and witnessed cardiac arrest in the resuscitation area. Success rates are low . Penetrating thoracic wounds vary according to the prevalence of civil violence a mortality rate of 3% for simple stabbing to 15% for gunshot wounds. The indications for emergency room thoracotomy are similar to those for blunt chest trauma. The standard approach is a left anterior thoracotomy , unless the penetrating injury is in the right chest; however, it may be necessary to extend the incision to bilateral thoracotomies or a clam-shell incision.

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