

CLINICAL STUDY OF CLOSED CHEST INJURY IN MAGWAY REGION GENERAL HOSPITAL

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Abstract

Background : In developing countries, closed chest injuries constitute a continuing challenge to the trauma or general surgeon. This study attempts to evaluate the management and clinical outcome of these injuries mainly by general surgeons.

Objective: This study aims to describe the demographic characteristics of patients with closed chest injury, to describe the causes, to find out the clinical and radiological findings of closed chest injury. Furthermore, this study intends to describe the management of closed chest injury and its clinical outcome.

Method: This study is a cross-sectional descriptive clinical study, conducted in surgical ward of Magway Region General Hospital from 1st, January, 2017 to 31st, December, 2017. Patients who admitted to surgical ward, Magway Region General Hospital for closed chest injury were studied on their clinical profiles, radiological findings, management and clinical outcome.

Results: The most common age group is 40-59 years (45.6%) and male gender is predominant. RTA is the major cause (43.4%) and fall from height is 32.6%. All patients present with chest pain (100%). Acute dyspnoea comprised of 63% and only 5% presented with dysphagia. Only 4 patients were in shock at the time of admission. The most frequent clinical sign is "reduced or absent breath sound" on auscultation, accounting 73.9%. Sign of rib fracture was found in 28 patients (60.8%). Right half of chest is mostly affected (47.8%), left half (41.3%) and bilateral (10.8%). In terms of chest X-ray finding, rib fracture (47.8%), normal finding (39.1%), pneumothorax (23.9%), haemopneumothorax (19.5%). Ultrasound chest

findings revealed normal finding in 60.9%, pneumothorax (21.7%), haemothorax (17.4%). 58.7% of cases was treated with conservative management and 41.3% was treated by intercostal drainage. Almost all patients (86.9%) recovered without complication whereas 3 patients had wound sepsis and another 3 patients had broncho-pleural fistula whom were referred to specialist center. There was no expired case in the study period. Length of hospital stay lasted 2-7 days for conservative management and 5-14 days for intercostal drainage tube placement.

Conclusion: There was high incidence of closed chest injuries in regions where the automobiles and motor bikes are commonly used in daily transportation. Patients with closed chest injury should be monitored closely and threshold of suspicion should be lowered to be on safe-side. Management options for closed chest injuries in Magway Region General Hospital are limited because of limited facilities and expertise in thoracic surgery. In the competence of a general surgeon, closed chest injuries can be managed conservatively, by insertion of intercostal drainage tube or referral to specialist center. In this study, 27 patients were treated conservatively, 19 patients were treated by ICD tube and 3 patients were referred to specialist center. In addition, time factor is very important in management of closed chest injury. Timely arrival to hospital and timely intervention can save many lives.



Biography:

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