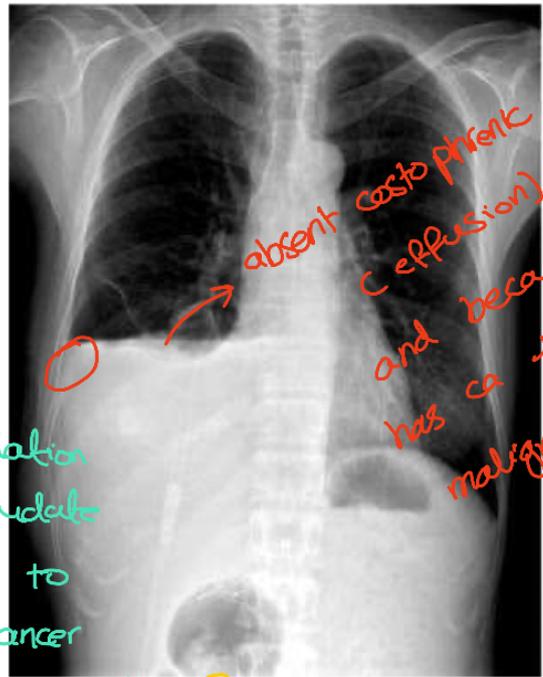


Q: This is a chest X-Ray for a 35-years old female with a history of breast cancer 3 years ago, who presented to the clinic with progressive shortness of breath and cough.



the MC symptom is SOB

Q1: What is the Dx?

- Malignant Pleural Effusion

accumulation of exudate related to

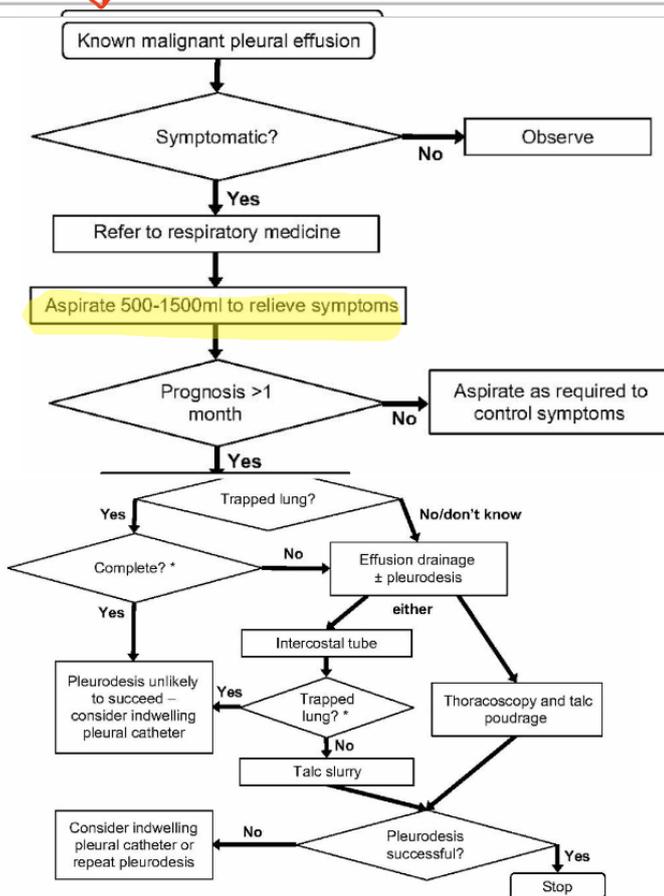
Q2: What is the next step in Mx?

- Tube thoracostomy (Chest tube)

especially

- ① lymphoma
- ② lung
- ③ Breast

the MC symptom is SOB

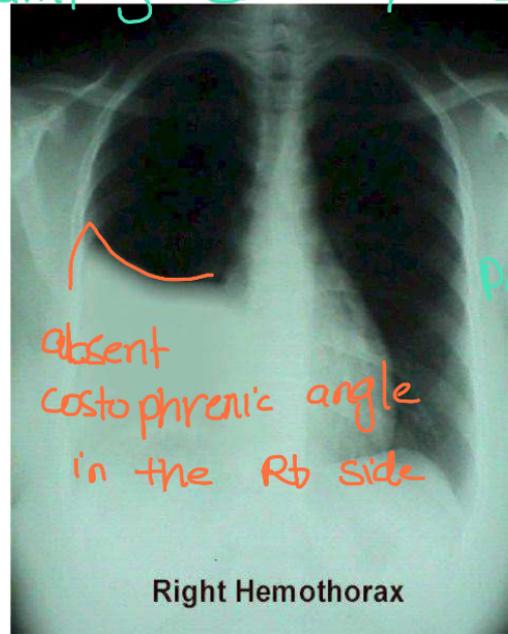


Q1: What is the Dx?

- Right sided hemothorax

following blunt or penetrating trauma & commonly associated

with Fractures & Pneumothorax



absent costophrenic angle in the Rb side

Q2: Name 2 other findings?

- 1) Absence of diaphragmatic angle
- 2) Right side multiple rib fractures
- 3) Right side clavicle fractures

Q3: What are the indication of needle thoracostomy tube insertion?

- initial loss >1.5 L of blood
- Continuous blood loss of 200 ml per hour over 2-4 hour

plus ↑↑↑ opacification in the Rt side

ttt by

needle thoracostomy tube insertion

Q: Hx of motor vehicle accident (MVA):

↑
Pneumonia
میتون الیها صفت

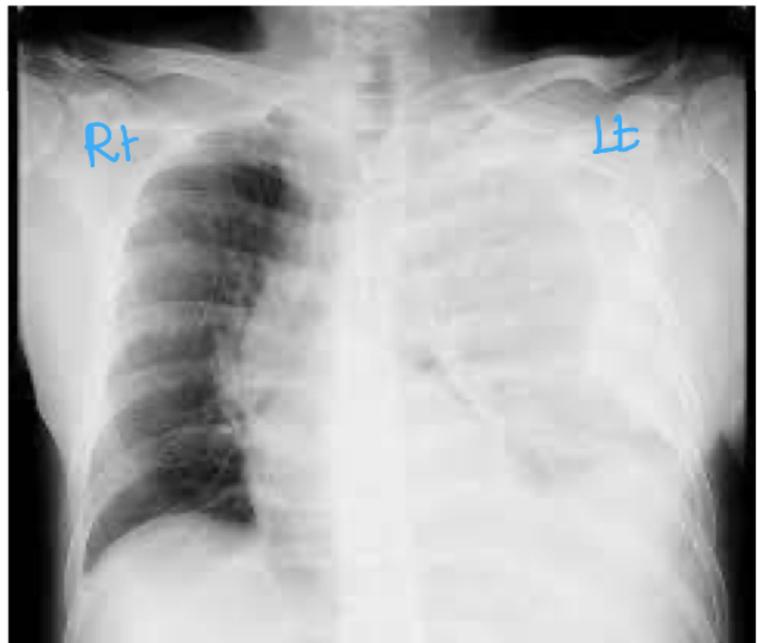
Q1: What is the Dx?

- Left sided hemothorax

Q2: What is the Mx?

- Chest tube insertion

tube thoracostomy



Q: A patient after a motor vehicle accident?

Q1: What is the Dx?

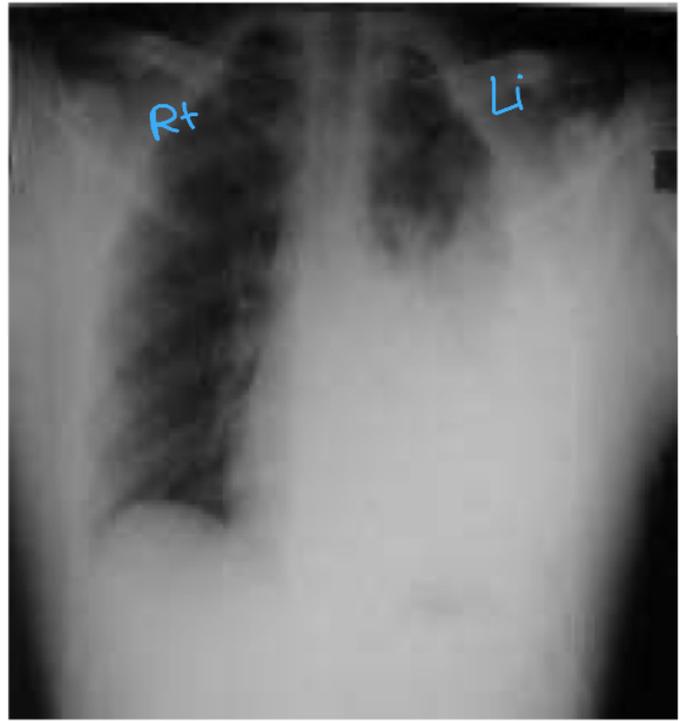
- left sided hemothorax
(obliterated costophrenic angle)

Q2: What is the rapid initial Mx?

- Needle decompression

Q3: What is the definitive Mx?

- Chest tube



مخوفين
Pneumothorax
X-ray في
الأنف عياره
عن
air

Q: A scuba diver came to ER, his CXR shows the following:

Q1: What is the immediate MX?

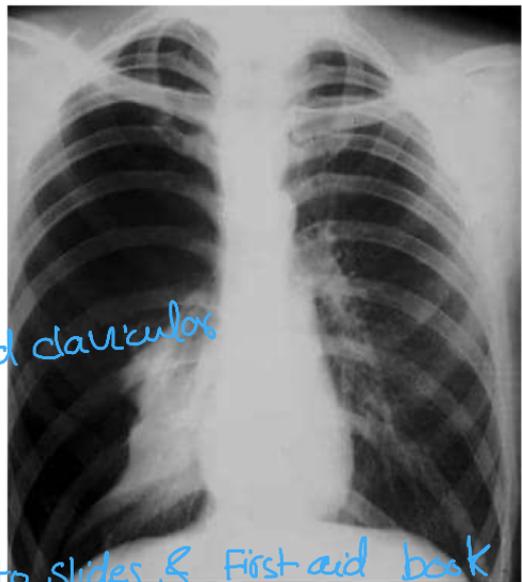
- Needle thoracostomy

Q2: Where to insert the needle?

- 2nd intercostal space in mid clavicular

Q3: What is the procedure you want to do next?

- Pleurodesis according to slides & First aid book
- the answer is chest tube insertion



Q1: What is the Dx?

- Right sided tension pneumothorax

Q2: Mention 2 signs on CXR?

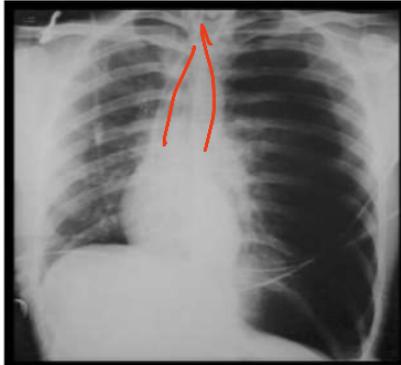
- 1) Tracheal deviation
- 2) Left lung compressed or collapsed

Q3: Mention 2 signs on PE?

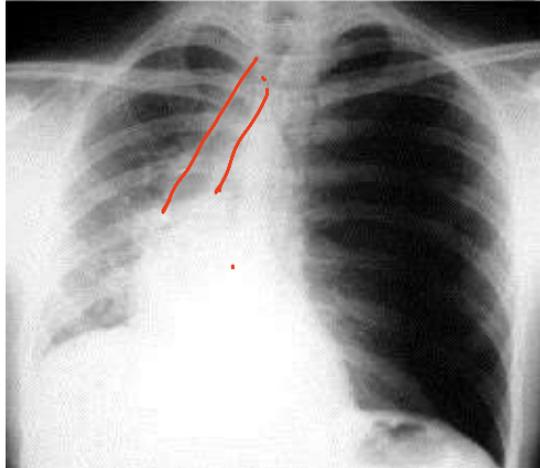
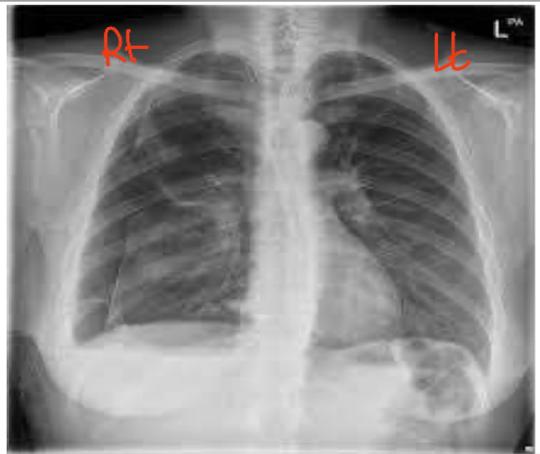
- 1) Absent breath sounds in affected side
- 2) Jugular venous distention

Q4: What is the Mx?

- Needle decompression ✓
- Chest tube ✓



35



1) hypoxia
2) tracheal deviation

3) hemodynamic unstable

4) absent fremitus

5) hyperresonance

Q: 18 year old male presented with sudden progressive shortness of breath and underwent this investigation:

MC symptom of pneumothorax

Q1: What is the Dx?

- Spontaneous Pneumothorax

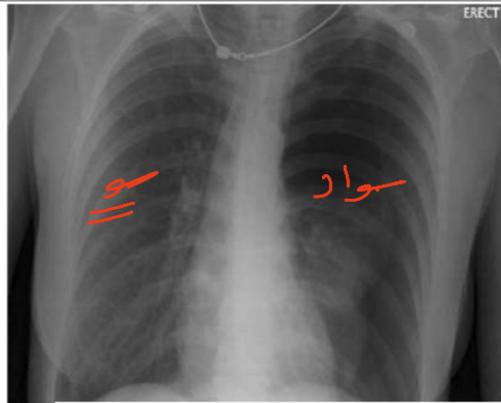
Q2: What is the Mx? ✓

- Chest tube/needle

Q3: Give 2 indications to do surgery?

- Failure of decompression
- Hemo-pneumothorax

36



at 1st episode if:

- [1] Bilateral
- [2] premo with contralateral pneumothorax
- [3] 100% premo
- [4] tension type
- [5] pilots & scuba divers
- [6] complications

at 2nd episode if:

Recurrence or contralateral recurrence
1st time 25%
2nd time 50%
3rd time 80%

at any episode:

- 1) persistence air leak > 7 days

usually in thin tall young male

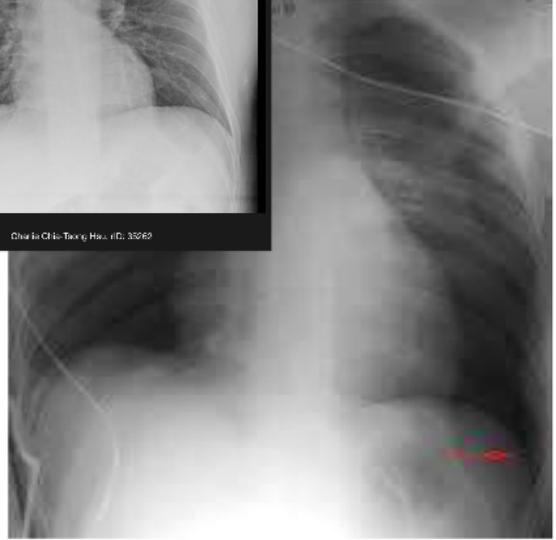
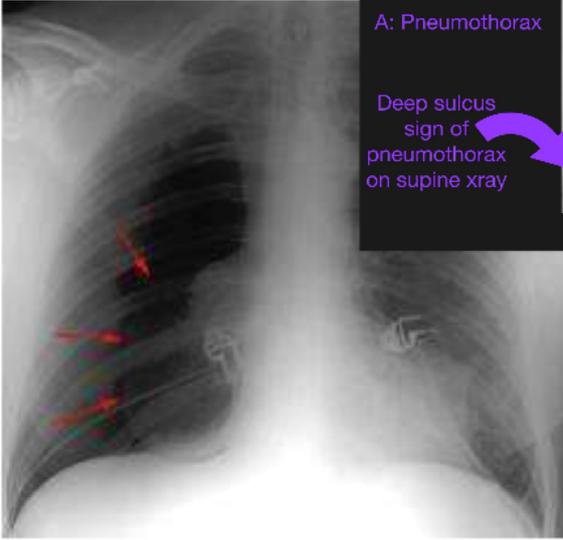
Q1: What is the main finding?

A: Pneumothorax

Deep sulcus sign of pneumothorax on supine xray



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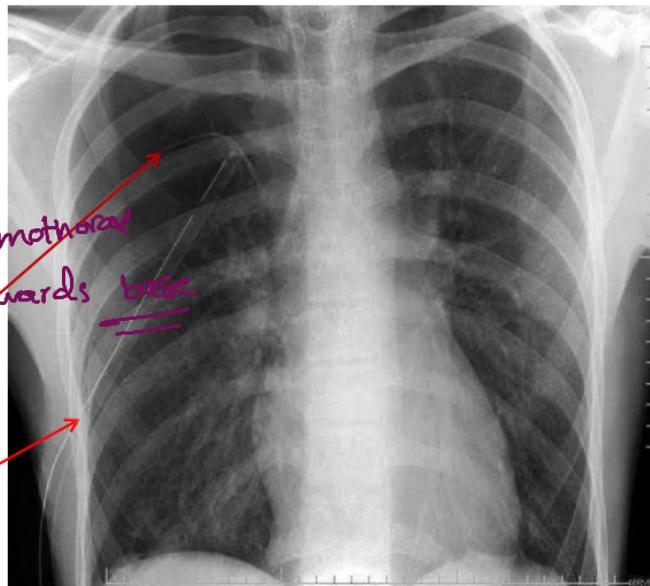


Tension Pneumothorax :
The most reliable sign of tension pneumothorax is **depression of a hemidiaphragm.**

Pneumothorax in the Supine Patient . The **""deep sulcus sign""** is seen here (arrow) in the left lung base.

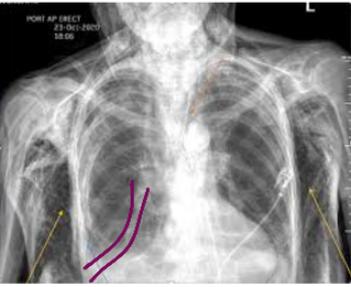
right-sided pneumothorax with a chest tube inserted.

- pneumothorax localizes more towards the apex of the lung. *in opposite to haemothorax towards base*
- Notice that the markings are absent from the apex down to some degree.
- Notice the white visceral line.

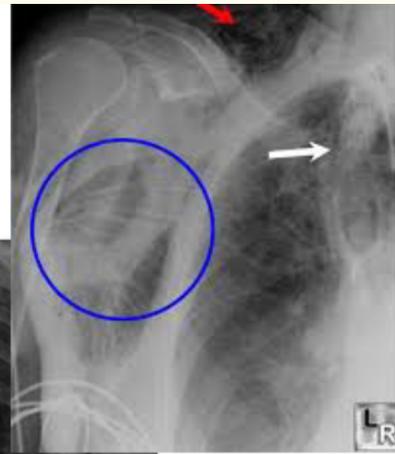
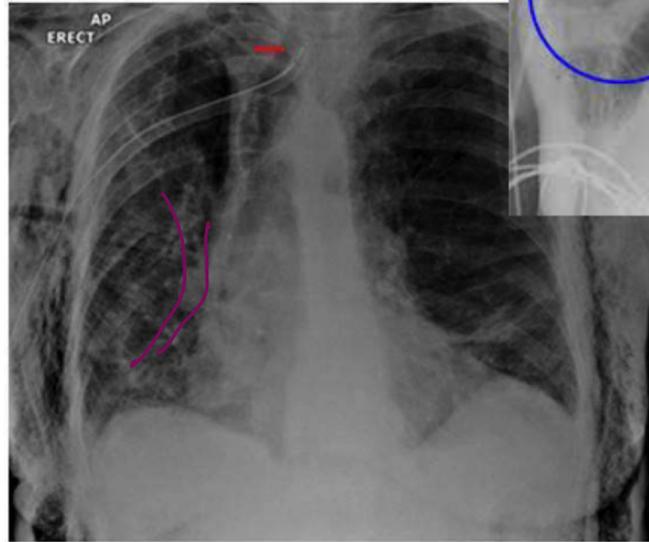


Chest tube

Surgical emphysema



- Radiolucent striations outlining pectoralis major
- It is usually benign, and treatment is directed at reversing the underlying cause.



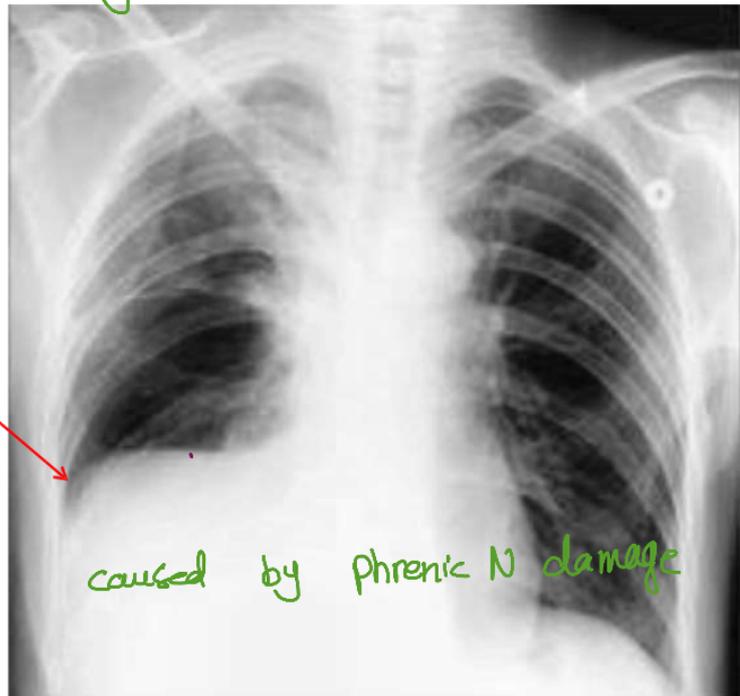
39

Pt comes with:
 SOB when lying flat or with walking or with immersion in water

It is unilateral **diaphragmatic paralysis**. (right)

we can still see the costodiaphragmatic angle so it is not effusion or hemothorax.

Unilateral Left Diaphragmatic Paralysis



caused by phrenic N damage

40



THORACIC



• QUESTION

فكر يورن

Wateen 2023

A 24-year-old thin male presented to the emergency department complaining of acute left sided pleuritic pain of sudden onset and shortness of breath;

- A. What is the initial step in management of this patient?
- B. What is the most common cause for this presentation?



• ANSWER

A. ~~Left side chest tube~~

B. Spontaneous pneumothorax :smoker -thin male

Or injury to the lung

Needle decompression but the definitive

ttt is the chest tube

الجواب هو B



QUESTION

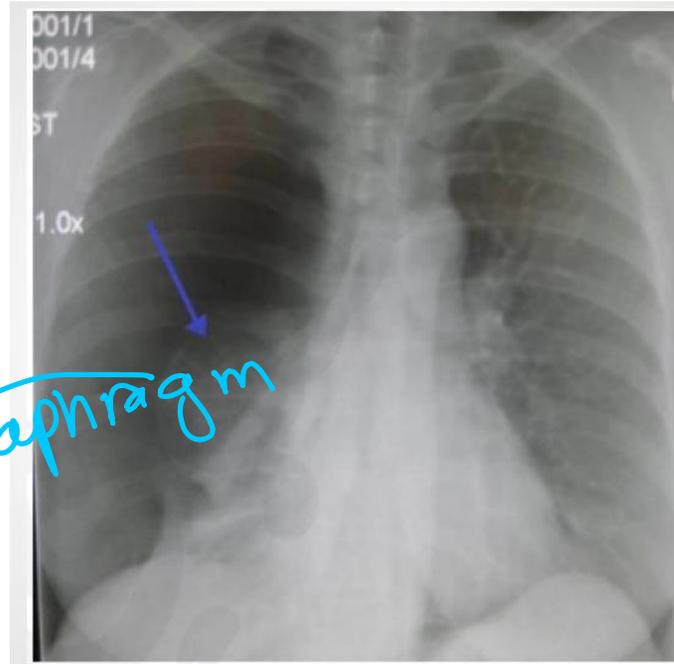
Wateen 2023

not haemo but it's

This is a chest X-ray who is a victim of Road traffic accident in the ER with tachypnea and tachycardia. During chest examination, What are expected clinically findings during:

tension
pneumothorax

- A. Percussion?
- B. Auscultation?



depression
of hemidiaphragm

• ANSWER

A. Right side chest resonance

hyper resonance // if it's heamo
then it's dullness

B. Right side absent breathing sound



QUESTION

SOUL 2021

عسر تنفس
2.3.3

A scuba diver came to ER, his CXR shows the following:

1. What is the immediate MX?

pneumothorax



ANSWER :

✓ 1. Needle thoracostomy



• QUESTION

فكر، وزن، صلا

SOUL 2021

Case of hemothorax:

A. Mention 2 other findings ?

B. What are the indication of needle thoracotomy after chest tube insertion?



• ANSWER

A.

1. Absence of diaphragmatic angle
2. Right side multiple rib fractures
3. Right side clavicle fractures

B.

1. Initial loss < 1.5 L of blood
2. Continuous blood loss of 200 ml per hour over 2-4 hour



• QUESTION

فقور یان (ع)

IHSAN 2020

This is a chest X-Ray for a 35-years old female with a history of breast cancer 3 years ago, who presented to the clinic with progressive shortness of breath and cough

- 1.The most likely underlying cause for her symptoms is
2. The most appropriate symptomatic treatment for this patient is



• ANSWER

1.Malignant Pleural Effusion

2.Tube thoracostomy (Chest tube)

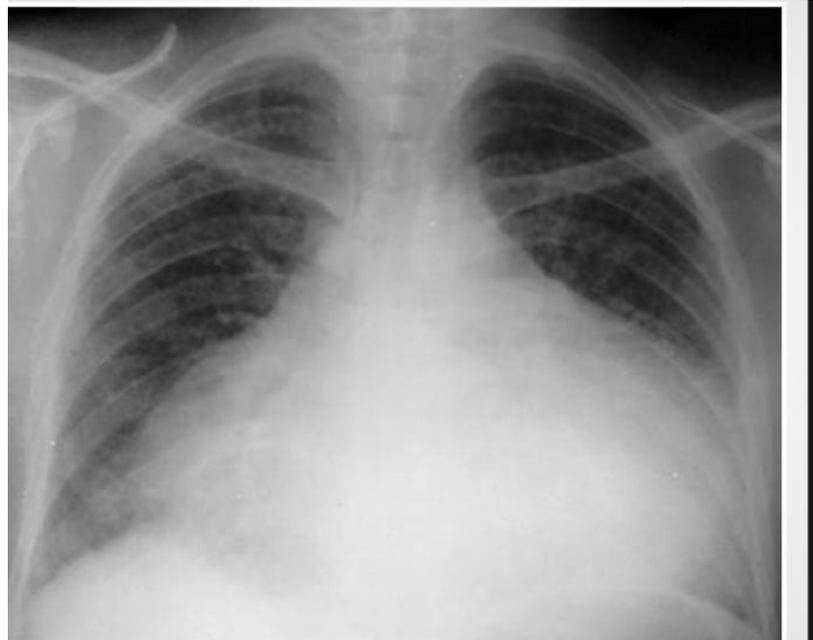


• QUESTION

internal medicine 2019 – Before

CXR for 40 yrs. Old patient post blunt central chest trauma, he was hypotensive, his neck veins were distended

1. What is the pathology shown?
2. How should you manage it
3. What is the consequence for this pathology?



• ANSWER

1. Cardiac Tamponade

2. Pericardiocentesis

3. Beck's Triad

Hypotension, Jugular Venous Distension, Muffled Heart Sounds



. QUESTION

2019 – Before

After RTA, the patient present with distended neck veins.

Q1: Mention 2 possible causes?

Q2: What is your management?

-



• ANSWER

1.

1) ~~Pericardial effusion~~

2) Cardiac tamponade

tension pneumothorax

✓ 2. Pericardiocentesis



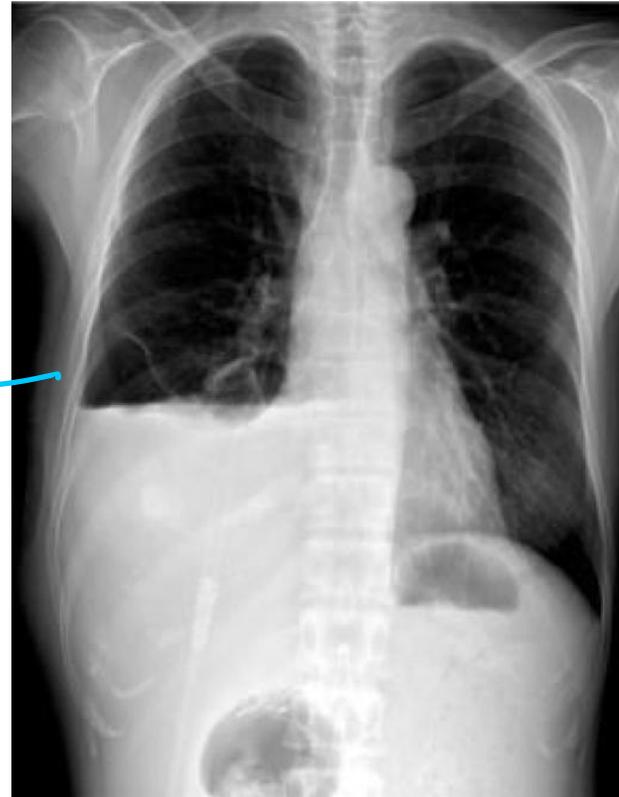
• QUESTION

2019 – Before

1. What is the diagnosis?

2. What is the next step in the management?

mostly it's
pleural
effusion



• ANSWER

1. Right sided hemothorax, or - Pleural effusion

از طرف
Hx

2. Chest tube insertion, thoracocentesis

سبب ال PE
فصله سبب ال
عكس يرون



. QUESTION

مکورد پرواز 5

2019 – Before

. history of a motor vehicle accident:

1.What is the Dx?

2.What is the Mx?



• ANSWER

1. Left sided hemothorax

1. Chest tube insertion



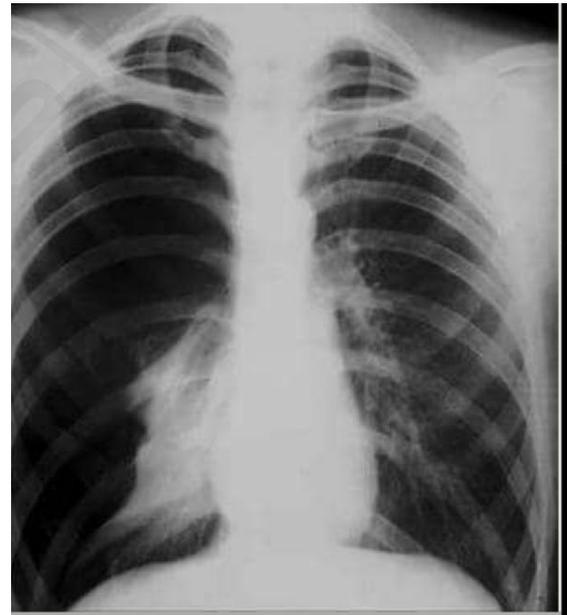
• QUESTION

حکومت یونان

2019 – Before

A scuba diver came to ER, his CXR showed the following:

1. what is the immediate MX?
2. what is the procedure you want to do next?



pneumothorax



• ANSWER

1. Needle thoracostomy

2. Pleurodesis

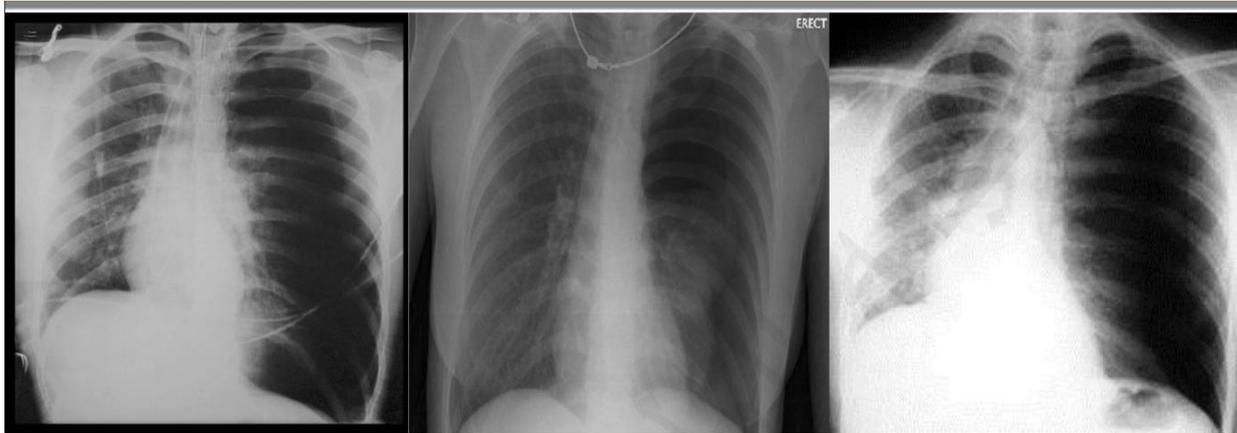


QUESTION

2019 – Before

عکس یونگ ۷

1. What is the Dx?
2. Mention 2 signs on CXR?
3. Mention 2 signs on PE?
4. What is the Mx?



• ANSWER

1.=Right sided tension pneumothorax

2. 1) Tracheal deviation 2) Left lung compressed or collapsed

3.1) Absent breath sounds in affected side 2) Jugular venous distention

4.- Needle decompression - Chest tube

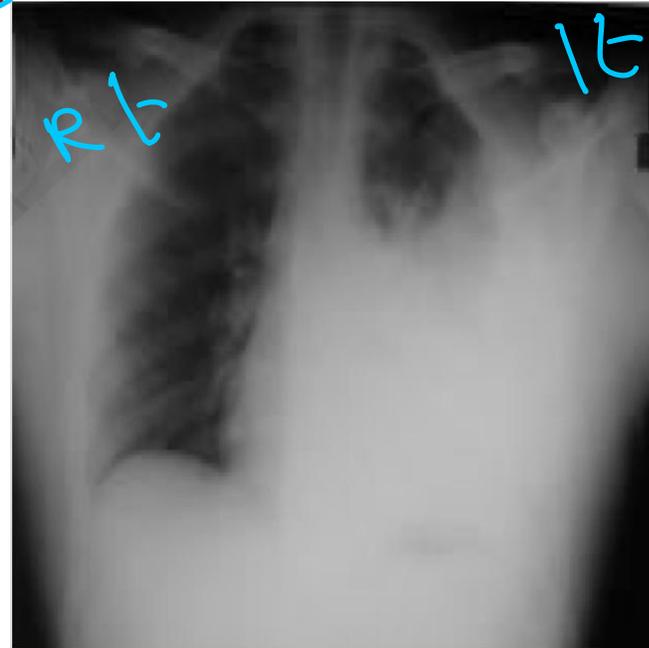


• QUESTION

2019 – Before

A patient after a motor vehicle accident?

1. Diagnoses
2. rapid initial Mx?
3. definitive Mx?



• ANSWER

1. right sided pneumothorax and left sided hemothorax (obliterated costophrenic angle)

usually associated
with pneumothorax

2. Needle decompression

3. Chest tube



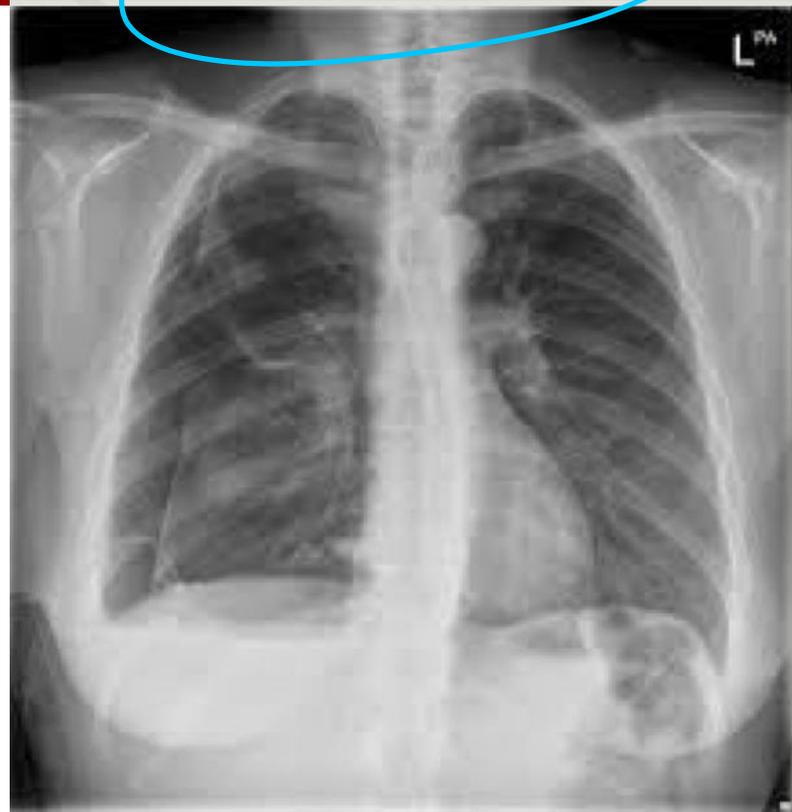
• QUESTION

2019 – Before

مكرد زياد

1. What is the Dx?

2. What is the Mx?



• ANSWER

1. Pneumothorax

2. Chest tube/needle

