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Case series of video assisted thoracoscopic surgery for retained hemothorax in chest trauma

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Aims & Objective: Blunt chest trauma accounts for more than 15% of injuries in trauma. The purpose of this review was to understand the complications caused by retained hemothorax and the benefits of minimally invasive surgery for patients experiencing blunt chest trauma. Duration of hospital stay and improvement in clinical and pulmonary function test were also considered.

Method: In this study, a total 30 patients who received VATS as management of retained hemothorax post blunt trauma from January 2013 to October 2016 were retrospectively enrolled. Patient's post trauma day of operation, duration of hospital stay and clinical and PFT improvement were noted.

Discussion: In 1998, Carrillo and Richardson found that hemothorax progresses in three manners: complete spontaneous reabsorption of blood within several weeks, to fibrothorax, and empyema formation. Richardson et al., retained hemothorax is defined as residual clots at least 500

ml large, or in which at least one-third of the blood in the pleural space cannot be drained by a chest tube after 72 h. Studies have suggested that surgery should be performed within 3–10 days after the initial blunt chest trauma, and most studies suggest not delaying surgery for more than 10 days because the clotted blood may cause complications. VATS can provide excellent visualization of the pleural cavity that is more useful for evacuating the hemothorax than using additional tube thoracotomies.

Conclusion: VATS is a well-tolerated, reliable, and effective procedure that can be easily applied to manage retained haemothorax after a patient experiences blunt chest trauma with few complications. As an alternative procedure to a thoracotomy, there was significant improvement in patients who were operated within 10 days of trauma, also showed great improvement in pulmonary function test and clinical outcome, also hospital stay was also shortened.

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