

Thoracic trauma: etiology, clinical manifestations, treatment and outcome.

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Background: The classification of trauma patients admitted in the emergency department and appropriate treatment selection were figured out.

Materials and Methods: Between January 2002–2006, 567 patients were retrospectively analysed. Study group was divided into blunt trauma (BT) and penetrating trauma (PT) groups.

Results: In BT group, there were 303 cases (%53,4), whereas in PT, 264 cases (%46,6). Male to female ratio in group BT was 242/61, and in PT group was 245/19. Mean age was 44,2 years (range, 8–84) in BT group, and 29,5 years (range, 8–73) in PT. The most frequent etiology was traffic accidents-in-vehicle (n=138, 45,5%) in BT and stab injuries in PT (n=223, 84,5%). The most common pathology was the pneumothorax (n=144, 47,5% and n=132, 50,0% in BT and PT, respectively). The associated injuries were located mostly in cranium in BT group, whereas in PT in the abdomen. Tube thoracostomy was the primary procedure performed (PT, 79,9% (n=211); BT, 65,3% (n=198)).

Drainage time was 3,4 days in BT group, although 3,0 days in PT group. Open thoracotomy was mostly performed in PT group (n=30, 11,4%) than BT (n=11, %3,6). Both surgical approaches were performed frequently in PT group (p=0,001).

Mortality rate was 1,9 % in PT group, although 4,3 % in BT (p=0,166).

Conclusion: Male gender mostly suffered trauma. The mean age was lower in PT group. Despite the invasive approach performed more frequently in PT group, mortality rate was high in BT group. Tube thoracostomy and supportive measurements supplied the successful treatment approaches in both groups. Additionally, other organ system injuries should be kept in mind especially in BT group. It is clear that timely diagnosis and correct treatment would cause excellent results.