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Traumatic diaphragm rupture

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An 18 year-old man was referred to the emergency department after an accident causing direct abdominal trauma. He complained of abdominal pain and dyspnea. Physical examination revealed congestive facies and neck. Blood pressure was 110/50 mmHg and oxygen saturation 95%. The chest was stable, without deformity or signs of flail chest. He had decreased respiratory mobility

of the left chest with respiratory silence, and tachypnea of 25 breaths per minute. The abdomen was soft with diffuse pain on palpation, and the pelvis was stable. Plain X-ray allowed the diagnosis of traumatic rupture of the left diaphragm with intrathoracic herniation of the hollow viscera. The patient underwent emergency surgery.

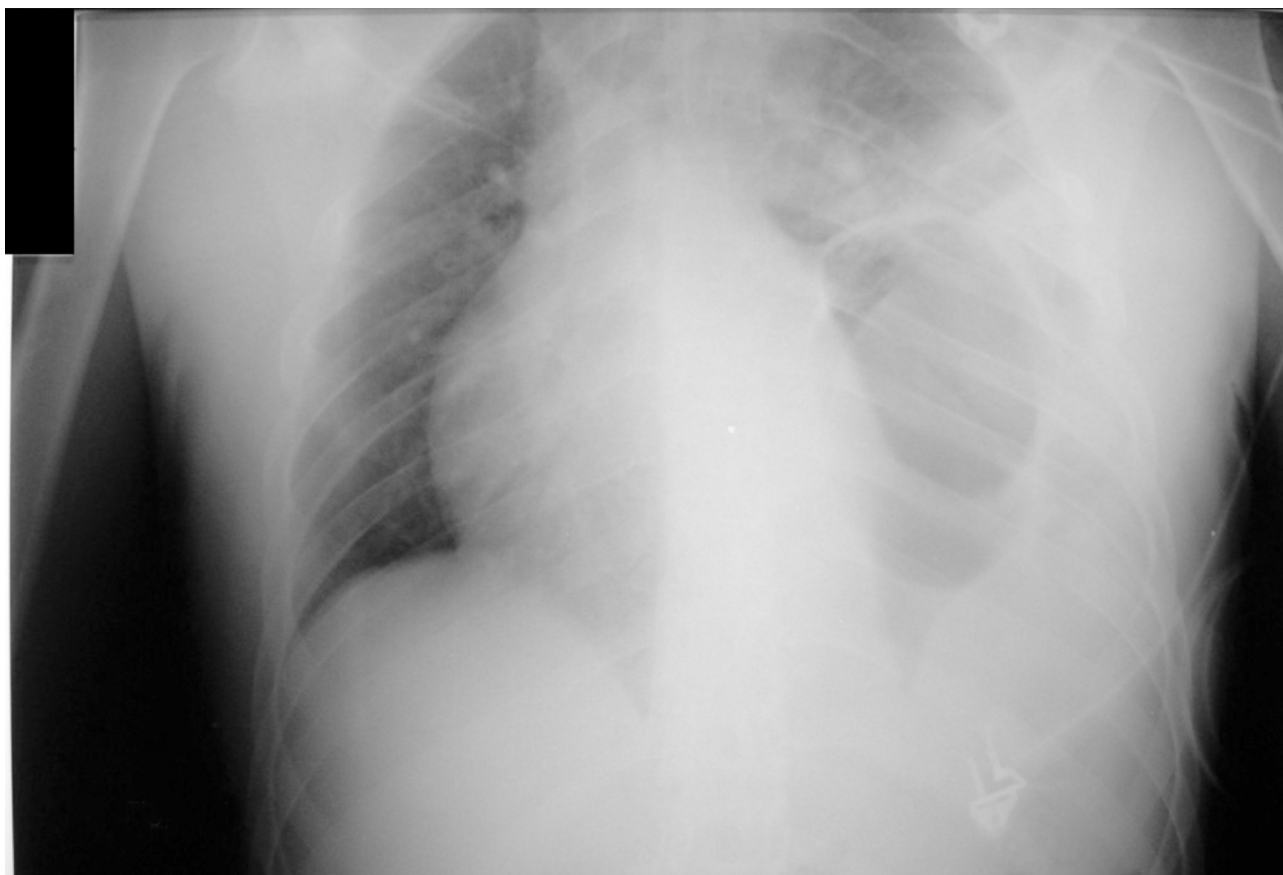


Figure 1. Left diaphragmatic rupture with intrathoracic herniation of hollow viscera.

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