Peerless Hospital
And B. K. Roy Research Centre

CASE of the Month September 17

Back from the Gutters!

1 year and 3 months old male child was brought to emergency in a gasping condition, severe respiratory distress and altered sensorium following accidental fall from height into a sewage pit. The child had multiple injuries, abrasion injuries over face, chest and back, and was completely covered with sewage dirt. He appeared to have swallowed sewage water.

Child was immediately resucitated, in emergency. Examination and chest X-ray revealed right sided tension pneumothorax and pulmonary contusion injury. Child was in state of shock and had subcutaneous emphysema extending to anterior aspect of neck.

Immediate needle decompression on right-side was done, followed by ICD under water seal, done under all aseptic precautions.

NGT aspirate revealed large volume of sewage fluids. Airway was secured as subcutaneous emphysema was expanding and compromising the trachea. Child was intubated with 4.5 mm ETT, and put on ventilation. Shock was managed, with fluids and inotropic support for 3 days and gradually weaned off as Blood Pressure was stabilized and urine output increased.

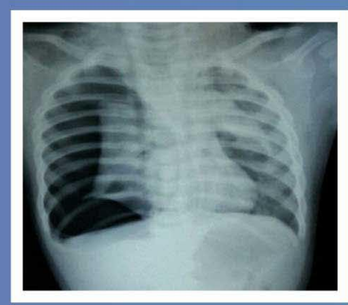
No other major organ injury was present, except a couple of rib fractures and extensive abrasion injuries over face, chest and back.

ABG analysis revealed persistent respiratory acidosis because of ventilation perfusion mismatch. This was corrected with appropriate ventilation, correction of shock and expansion of right lung. Intravenous broad spectrum antibiotics was started and continued for 10 days. Blood culture, discharge fluid from ICD and stool culture showed growth of Candida albicans, and child was subsequently treated with antifungals.

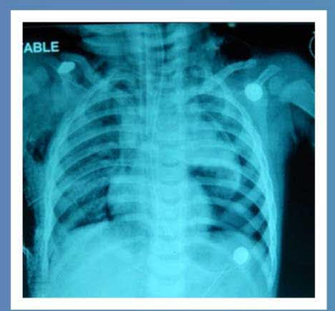
Child improved slowly, as ABG and breathing effort got better, was switched to SIPPV and subsequently extubated on 8th day of admission . Post extubation child had spontaneous respiratory effort with no distress maintaining SPO_2 98% with minimal oxygen support which was later discontinued.

Child had normal neurological examination before discharge, and was happily playing with parents .

On admission



Pneumothorax
right side



After ICD drain
on right side,
right lung expanded

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