OCCULT PNEUMOTHORAX IN CHEST INJURIES – TO DRAIN OR NOT?

Prof. *Gabriel M. Gurman* MD, PhD, *Iosef Pichkadye* MD University Ben Gurion and Medical Central Soroka Beer Şeva, Israel

This review presents evidence based data related to the therapeutic approach of the occult pneumothorax (OP). OP is a radiological entity which can easily produce a clinical catastrophe, namely tension pneumothorax.

The definition of OP is that pneumothorax missed on the first chest x-ray but lately diagnosed on abdominal or chest CT scan. A large number of traumatic pneumotoraces answers this definition, especially when the first x ray is seen by a physician not trained in radiology and unable to diagnose small amounts of free air in the pleural cavity.

The management of OP includes chest drainage in every case the patient is supposed to be mechanically ventilated, either for surgery or in the framework of a critical care unit.

The decision to drain must be taken in full cooperation between the members of the medical team in charge with the patient.

Even in the case of a decision not to drain, the main task of the team is to continue to observe and monitor the patient and intervene once the clinical condition of the patient deteriorates.