

Clinical Image

Delayed Presentation of Traumatic Diaphragmatic Rupture With Hemothorax



Ayla Buyukkaya^{a,*}, Ramazan Buyukkaya^b

^a University of Pittsburgh Medical Center, Department of Radiology, Pittsburgh, USA

^b Cappadocia Private Hospital, Department of Radiology, Turkey

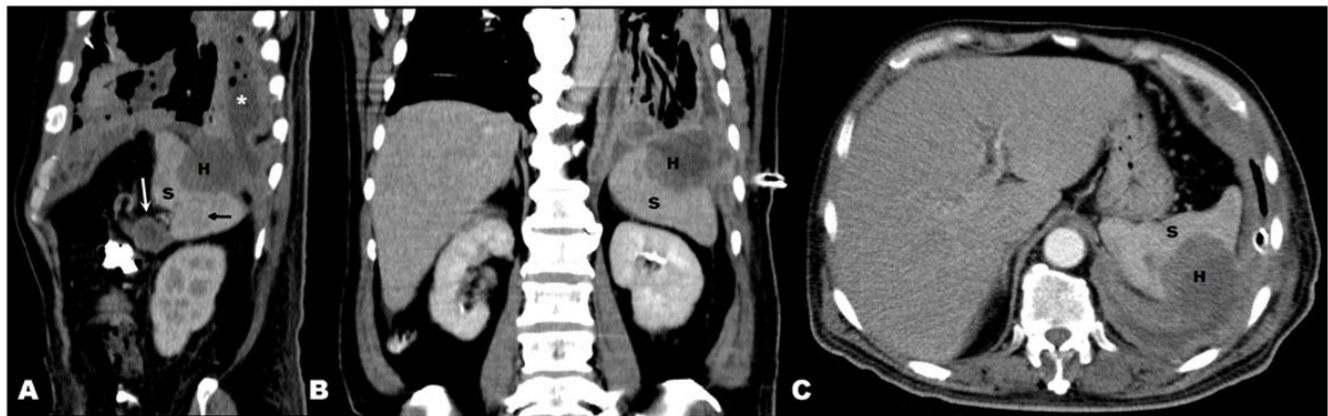


Fig. 1. Thoracoabdominal sagittal (A), coronal (B), axial (C) CT; massive hemothorax (*) in the left pleural cavity, contour irregularity on the diaphragm surface and the appearance of diaphragm hematoma (H) are observed. Additionally, pancreas mass (black arrow) and adjacent spleen (S) metastasis (white arrow) are seen.

Traumatic diaphragmatic ruptures are rare clinical conditions that are often challenging to detect, with a likelihood of being missed in approximately 90% of cases presenting to emergency clinics after trauma.^{1,2}

A 67-year-old male patient presented with respiratory distress, and investigations revealed massive hemothorax in the left pleural cavity. It was later discovered through detailed questioning that the patient had been in a non-traffic-related accident six months prior, which he had not reported initially. CT and ultrasound examinations showed irregular contours on the diaphragm surface and signs of diaphragmatic hematoma. Additionally, splenosis in the tail of the pancreas, a pancreatic mass below it, and metastasis in the adjacent spleen were observed. Due to continuous decreases in hematocrit values, the patient underwent surgery, confirming spleen and diaphragmatic injuries (Fig. 1).

This case underscores the diagnostic challenges of traumatic diaphragmatic ruptures and the complications that can manifest over time. Delayed massive hemothorax can be a crucial indicator of traumatic injuries, emphasizing the importance of thorough post-trauma assessment and active utilization of imaging modalities. The case also highlights the significance of considering diaphragmatic injuries in the differential diagnosis, especially when patients present with complications such as delayed hemothorax.

Conflict of Interests

The authors state that they have no conflict of interests.

* Corresponding author.
E-mail address: rabuyukkaya@gmail.com (A. Buyukkaya).

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