

Clinical Image

[Translated article] Bronchial Rupture Secondary to Placing a Drainage[☆]



Rotura bronquial secundaria a la colocación de un drenaje pleural

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Fig. 1. Chest tube tip in the upper third of the trachea.

We report the case of a 64-year-old patient who presented with spontaneous left pneumothorax. Local anesthesia was applied to the area and a small-bore 10F Pleurocath chest tube was placed in the 7th intercostal space in the axillary line. During the procedure, the patient developed sinus tachycardia and hypotension associated with severe rib pain. A chest X-ray was performed after the procedure that revealed the tip of the catheter in the trachea. Bronchoscopy was performed to confirm the location. As can be seen in the video, the chest tube ruptured a subsegmental B8 bronchus and ascended through the lower lobar bronchus, the left main bronchus and the trachea until the tip of the catheter was observed in the upper third of the trachea just below the vocal cords (Fig. 1).

The chest tube was removed under endoscopic control, causing minor bleeding that was managed by instillation of diluted topical adrenaline. A new small-bore chest tube was then placed, and the pneumothorax resolved.

The most frequent complications of pleural drainage are inappropriate placement, infections, lung perforation, and bleeding from rupture of intercostal vessels. Bronchial rupture due to the placement of a pleural drainage is a very rare complication that has not been described in the literature^{1,2}.

Appendix A. Supplementary data

Supplementary material related to this article can be found, in the online version, at [doi:10.1016/j.arbres.2021.02.024](https://doi.org/10.1016/j.arbres.2021.02.024).

References

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