Arch Bronconeumol. 2015;51(9):468–469

ARCHIVOS DE BRONCONEUMOLOGIA

www.archbronconeumol.org

Clinical Image

Thoracoabdominal Impalement by a Tree Branch☆

Empalamiento tóraco-abdominal por rama de árbol

María Teresa Gómez Hernández,* María Rodríguez Pérez, Marcelo Fernando Jiménez

Departamento de Cirugía Torácica, Hospital Universitario de Salamanca, Salamanca, Spain

A 27-year-old male suffered an accidental fall onto the branch of a tree, resulting in thoracoabdominal impalement with entry site below the left clavicle. A chest-abdominal computed tomography (Fig. 1A and B) revealed subcutaneous emphysema in the chest wall, large left pneumothorax with collapsed lung, parenchymal lesions in both lung lobes and the presence of a foreign body with air density, 2 cm thick, extending in a craniocaudal direction from the left crus of the diaphragm to the psoas and left posterior paravertebral muscle. It had two distal ends that terminated at the level of the left iliac crest.

Emergency surgery was performed, with left thoracotomy and lumbotomy. Surgical findings (Fig. 1C and D) included hemothorax, lacerations in both lung lobes, with no vascular or bronchial involvement, and an inverted Y-shaped tree branch, 20 cm × 2 cm, incrusted in the diaphragm and psoas, in a retroperitoneal location. Plant remains were found in the pleural cavity.

The foreign body was removed under direct visual control, with lavage and suturing of the lung lacerations. The post-operative period was incident-free.

☆ Please cite this article as: Gómez Hernández MT, Rodríguez Pérez M, Jiménez MF. Empalamiento tóraco-abdominal por rama de árbol. Arch Bronconeumol. 2015;51:468–469.

* Corresponding author.
E-mail address: mteresa.gomez.hernandez@gmail.com (M.T. Gómez Hernández).

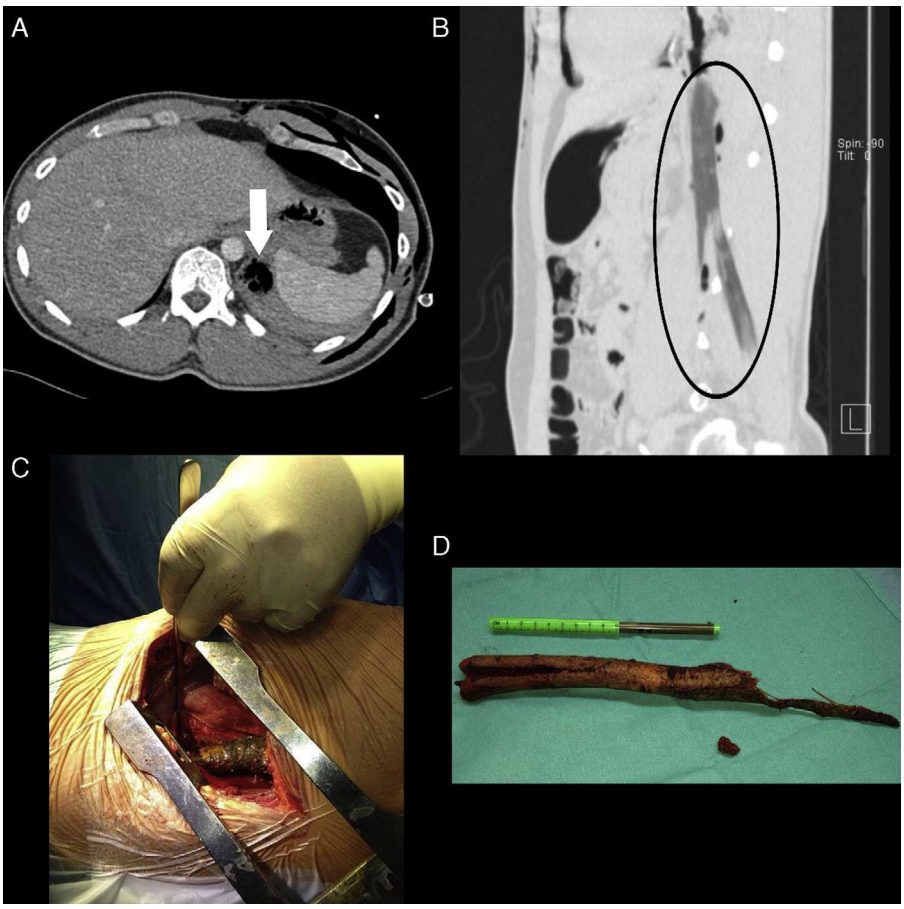

Fig. 1. Chest-abdominal computed tomography (A–B) showing a piece of wood, 20 cm long and 2 cm thick, with two distal ends (inverted Y-shape), extending in a craniocaudal direction from the left crus of the diaphragm to the psoas and left posterior paravertebral muscle. Surgical field images, showing the tree branch in the thoracic cavity (C) and the foreign body (D) after extraction under direct visual control.