An Interesting Pulmonary Contusion Case

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Introduction

“Pulmonercontusion” is a term that indicates the destruction in lungs after a traumatic accident without any laceration. It is seen in all age groups; especially children have contusions limited to lungs because of high mobility of mediastinal tissue and flexibility of thoracic ribs without any fractures [1].

In this case we present a patient who came with thoracic pain. We realized the pulmonary contusion after taking a detailed history of patient.

Case

A 65 year old male, obese farmer with hypertension and obstructive sleep apnea syndrome and taking Angiotensin Converting Enzyme inhibitor (ACE), Diuretics and CPAP (Continuous airway pressure) at nights. No smoking history.

He came into clinic as an outpatient with his postero-anteriorgraphy (PA-Graphy). He had a density area which was remaining constant although he had been taking many antibiotics due to pneumonia diagnosis at left-inferior zone on PA-Graphy. He had no respiratory complaints. There was not any pathological sign at physical examination (Figure 1).

The vital signs were normal. Oxygen saturation was 99%. Laboratory was also normal.

On thorax Computed Tomography (CT) scan, “Traction bronchiectasis, the fissural contracts on left inferior lob and central nodules, ground glass sign areas on left lateral basal segment” were seen (Figure 2 and 3). Despite of broad spectrum anti biotherapy for 2 weeks there had been no...
After we questioned the patient history deeply, the patient remembered that he had been kicked by two cows in his barn. After that he had a chest pain but it was dissolved in a few days. A week after the event the pain started again and he applied to clinics and forgot to mention trauma. He was followed-up without treatment.

**Figure 3:**
changes on PA-Graphy.

**Conclusion**

Many of radiologic signs can be noticeable at pulmonary contusions. For example hemorrhage, consolidations and oedema. Intra alveolar hemorrhages and interstitial oedema are seen especially in small traumas. Mucosal secretions gather, bronchial airways fill-up with fluid and blood in adjacent lung paranchyma. Atelectasis and consolidations are building after surfactant production and compliance decrease, capillary permeability increases [2].

Pulmonary contusions are sometimes misdiagnosed as pneumonia or malignancy when anamnesis does not take thoroughly. It may be time consuming and expensive. Therefore we emphasize the importance of an amnesis to reach the correct diagnosis.

**References**