



## The Pandora's Box: Unforeseen Pulmonary Catastrophe from One Rib Fracture

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### Clinical Image

A 61-year-old gentleman with emphysema presented to the ED with a minor fall after an alcohol binge. Clinical examinations, including a chest X-ray, were normal. He was subsequently discharged home with analgesics. Four days later, he re-presented in respiratory distress with rapidly progressing subcutaneous swelling extending from his eyes to the torso. An urgent pan-CT demonstrated massive subcutaneous emphysema with bilateral pneumothorax, pneumomediastinum, and pneumopericardium secondary to an acute right 9<sup>th</sup> rib fracture (Figure 1, 2). He further deteriorated, requiring ICU admission, serial chest drain insertions, and emergent intubation for impending airway obstruction. Following a VATS with a bullectomy and talc pleurodesis, he made a steady recovery and was successfully extubated 48 h later. He made an excellent recovery following pulmonary rehabilitation and was discharged home a week later. In conclusion, rib fractures, even one, can cause catastrophic complications. Clinicians should approach similar presentations with increased clinical vigilance and consider extending initial in-hospital observation periods.

### OPEN ACCESS

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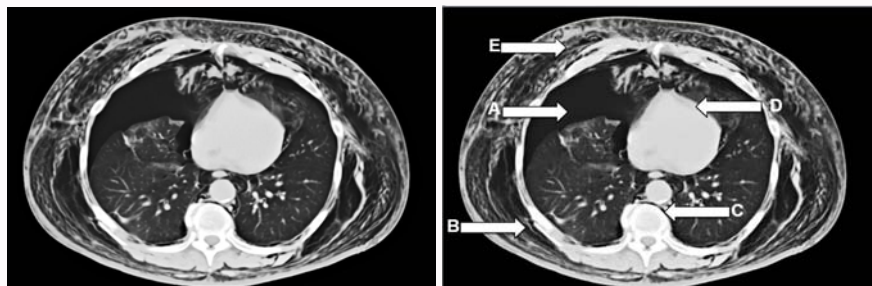
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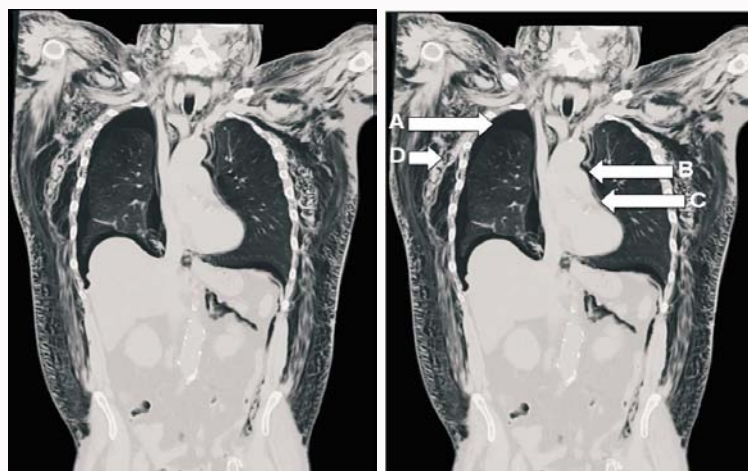
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**Figure 1:** Axial chest CT demonstrating extensive circumferential subcutaneous emphysema associated with bilateral pneumothorax, pneumopericardium and pneumomediastinum secondary to an isolated right 9<sup>th</sup> rib fracture. A: Pneumothorax. B: Right 9<sup>th</sup> rib fracture. C: Pneumomediastinum. D: Pneumopericardium. E: Massive circumferential subcutaneous emphysema.



**Figure 2:** Coronal chest CT demonstrating extensive subcutaneous emphysema associated with bilateral pneumothorax, pneumopericardium and pneumomediastinum. A) Pneumothorax. B: Pneumomediastinum. C: Pneumopericardium. D: Massive subcutaneous emphysema.