

## Traumatic Extra Pleural Hematoma: How to Manage this Condition?

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A 74-year-old man presented with blunt thoracic trauma after a 4m fall. Contrast-enhanced thoracoabdominal computed tomography (CT) showed a loculated right effusion and multiple rib fractures (Figure 1, panels A-B). His condition was stable. A haemothorax was suspected but agreement on a possible extra pleural hematoma (EPH) lead to a conservative approach. Patient was transferred to the ICU. On day 3, the patient presented with a haemorrhagic shock and CT showed increment of the collected effusion, with mediastinal shift (Figure 2, panels A-B). Intravascular volume expansion, RBC transfusion, blind drainage and aspiration was performed. There was no ongoing blood loss and patient returned to stability. Thoracic surgery is not available in our hospital but they were consulted and there was an agreement on to postpone transfer. Thoracoscopic surgery was performed on day 8. There were no complications and the patient was discharged. He's doing well since then.

EPH is an rare and potentially life-threatening condition and is frequently misdiagnosed as hemothorax leading to too hastily pleural drainage. Awareness of EPH and early clinical discussion with thoracic surgery is of paramount importance but the use of conservative management should be considered according to the patient's hemodynamic condition and available resources [1-3].

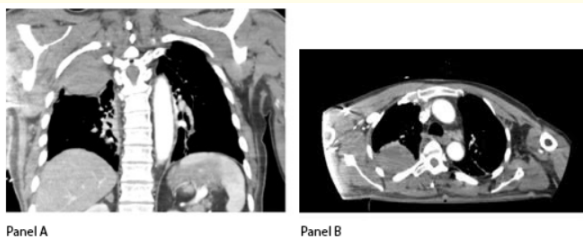


Figure 1

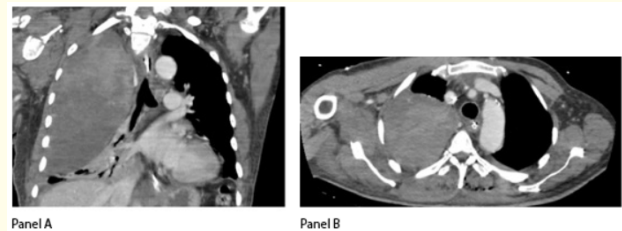


Figure 2

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