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An Editorial Note on a Lung Trauma

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Editorial

Trauma continues to be the leading cause of death in developed countries among people under the age of 45. Lung trauma is the second leading cause of death among trauma injuries. Almost 25% of all trauma patients who eventually die have trauma as the dominant or contributor. Blur trauma to the lungs includes lung contusions, lacerations, hematomas, and pulmonary vascular injuries. Injured lungs often occur after a blow to the chest. Dull impact can damage blood vessels and cause blood and fluid to collect in the lungs. Too much water in the lungs can reduce the amount of oxygen the body receives. Pulmonary contusions are the most common lung injury in people who experience blunt trauma to the chest. Pulmonary contusions are most often the result of a direct blow or trauma to the chest. Road accidents and falls are the number one cause of lung bruises.

Sports injuries and physical assaults can also cause other causes. The risk of serious complications is highest when more than 20% of the lungs are injured. Serious complications include respiratory infections, deep lung infections, and Acute Respiratory Distress Syndrome (ARDS). These conditions are also often associated with hypoxic levels. Depending on the amount of lung tissue that is crushed, it may take days or weeks for the lungs to heal. If the initial pain does not improve after a few days, schedule to see a doctor and discuss treatment. Injured lungs are also known as pulmonary contusions. Uncontrolled, injured lungs can have life-threatening consequences. If the bruise does not respond to other treatments, an extracorporeal membranous oxygen supply can be used to oxygenate blood from the body into a machine that removes carbon dioxide and then send it back again. Pulmonary contusions are the result of damage to small blood vessels in the lungs. It has nothing to do with lacerations of lung tissue. Pulmonary contusions are often asymptomatic at first. Pain is the most common symptom. If the pain does not improve, worsens, or is short of breath within 3 days, see a doctor immediately.

Signs and symptoms that can occur in an injured lung include chest pain, shortness of breath, and shortness of breath or breathing pain, coughing, increased heart rate, and low energy. More severe signs and symptoms of pulmonary trauma include wheezing, cyanosis or skin bruising due to lack of oxygen, crackling of the chest, shallow or rapid breathing, hemoptysis or blood coughing, cold and moist skin, hypotension, etc. Treatment depends on the severity of the injury. Your doctor will check your symptoms and order a series of tests to see if your lungs are hydrated. These tests can also identify additional injuries that occur in addition to lung collapse. Tests that doctors can use to check the extent of injury include chest X-rays, chest ultrasound CT scans, and oxygen level tests. The main goal of treatment is to increase the flow of oxygen and relieve pain. Lung tissue takes time to heal. Currently, no specific drug or cure is known to accelerate the healing process of pulmonary contusions. Doctors usually recommend oxygen therapy to make breathing easier. If you cannot breathe on your own, you may use a ventilator to help your lungs breathe regularly [1-6].

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