Editorial
Volume 10:8, 2021

Journal of Trauma & Treatment

ISSN: 2167-1222 Open Access

Editorial Note on a Thoracotomy for Blunt Chest Trauma

John Miller*

Department of Emergency Medicine, Gertner Institute for Epidemiology and Health Policy Research, Sheba Medical Center, Ramat Gan, Israel

Description

A thoracotomy is a medical procedure where the cut is made between the ribs to see and reach out the lungs or any other organs which are very near to the thorax and chest and this thoracotomy is performed on the right or left side of the chest. With the use of breast bone, an incision on the front of the chest can also be done in a very case. Blunt chest trauma can be caused due to Road accidents, sudden falls from heights, and physical assault. As a result, many injuries can occur due to chest trauma like pulmonary injuries. Thoracotomy is done to treat lung cancer, i.e., to treat problems with your heart or other structure in your chest like the diaphragm and it can also be used to help diagnose diseases. There are some treatments to be done with thoracotomy like, pneumothorax (collapsed lung), infection in the pleural space, injuries near the chest that causes bleeding around your lungs, cancer that has caused fluid buildup near the lungs, pneumonia, or any other lung infection that has caused fluid to build up in the space around your lungs and fluid that has collected around your lungs during chest surgery. Chest trauma is a significant source of morbidity and mortality. Blunt chest injury will affect all components of the chest wall and thoracic cavity and these components include lung and pleurae, tracheobronchial tree, great vessels of the chest, esophagus, diaphragm, heart and bony skeletons like ribs, clavicles, scapulae, and sternum. Operation interventions are rarely necessary for blunt thoracic injuries, such injuries can be treated with supportive measures and simple interventional procedures like tube thoracotomy. Blunt thoracic injuries can be further divided into many broad categories like chest wall fractures, barotrauma, blunt injuries of pleurae, lungs, heart, great vessels, veins, lymphatic vessels, aerodigestive tracts, and diaphragmatic injuries.

The improvement of the diagnosis and management of blunt thoracic trauma involves diagnostic testing, endovascular techniques, and patient selection. Ultrasonography is used for diagnosis conditions like hemothorax and cardiac tamponed which will become more widespread, spiral computed tomography techniques (which will be used more often for definitive diagnosis of major vascular lesions like injuries to the thoracic aorta and their branches). An Endovascular technique is used for the repair of great-vessel injuries will be developed further and applied more often. Patient selection and nonsurgical therapies for delayed operative management of thoracic aortic rupture will be refined. About 8% of patients require operative interventions in very rare cases for blunt thoracic injuries. Most such cases can be treated with simple interventional procedures like tube thoracostomy. Indications for blunt thoracic injuries may be further stratified into conditions necessitating an immediate operation and those in which surgery is needed for delayed manifestations or complications of trauma. Indications for immediate surgery include traumatic disruption with loss of chest-wall integrity, diaphragmatic injuries, delayed recognition of blunt diaphragmatic injury, development of a traumatic diaphragmatic hernia. Blunt thoracic trauma patients may have multiple tissue contusions and laserations and in addition, these patients may have crepitation, subcutaneous emphysema, and tenderness near the ribs. The most common skeletal injury in blunt chest trauma is rib fracture which is observed in approximately 50% of patients. Simple rib fractures are usually not significant in isolation but are rarely lives threatening. Management of blunt chest trauma focuses on a combination of effective analgesia, surgical fixation, chest physiotherapy, respiratory care, and early mobilization.

How to cite this article: Miller, John. "Editorial Note on a Thoracotomy for Blunt Chest Trauma." *J Trauma Treat* 10 (2021) : e014.

***Address to Correspondence:** Dr. John Miller, Department of Emergency Medicine, Gertner Institute for Epidemiology and Health Policy Research, Sheba Medical Center, Ramat Gan, Israel, E-mail: millerj@yahoo.com*

Received: September 01, 2021; **Accepted**: September 15, 2021; **Published**: September 22, 2021