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0196-0644/\$-see front matter

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doi:10.1016/j.annemergmed.2006.01.039

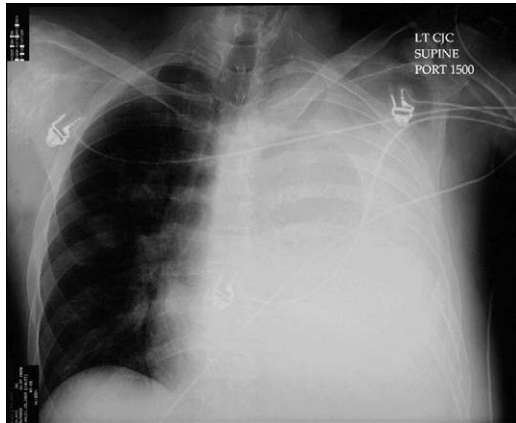


Figure 1. Initial chest radiograph shows a large left pleural effusion and rightward tracheal deviation.

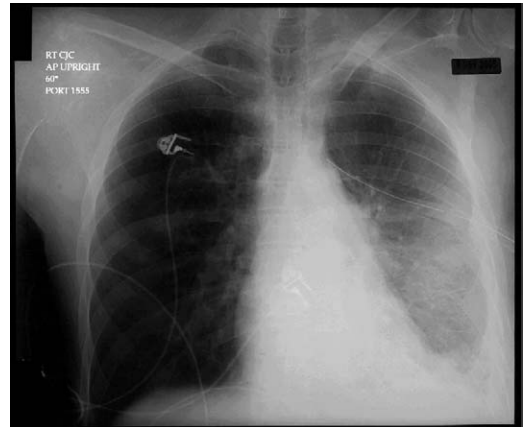


Figure 2. Chest radiograph obtained immediately after chest tube placement confirms appropriate tube position and left lung reexpansion.

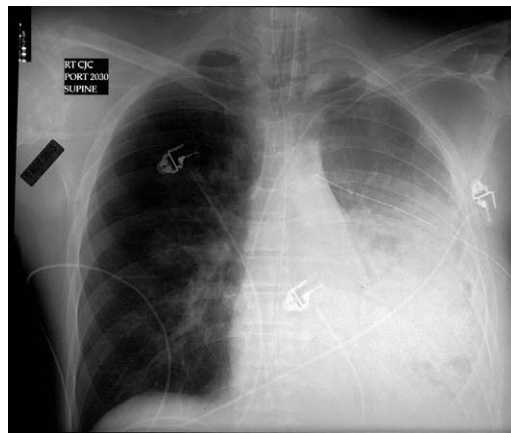


Figure 3. A postintubation chest radiograph demonstrates pulmonary edema limited to the left lung. The endotracheal tube, chest tube, and left subclavian central line are appropriately positioned. Used with permission of Timothy F. Platts-Mills, MD, the Department of Emergency Medicine, University of California, San Francisco-Fresno, University Medical Center, Fresno, CA.

[Ann Emerg Med. 2006;48:475.]

A 44-year-old man was brought to the emergency department for evaluation of fever and altered mental status. The patient's respiratory rate was 18 breaths/min, with pulse oximetry reading of 97% while receiving oxygen at 2 L/minute. Breath sounds were diminished in the left hemithorax. A chest radiograph revealed a large left pleural effusion (Figure 1). A chest tube was placed, and 3 L of serosanguineous fluid drained within several minutes. A postprocedure chest radiograph showed a reexpanded left lung (Figure 2). Ninety minutes after chest tube placement, the patient developed respiratory distress. His pulse oximetry value fell to 85% despite supplemental oxygen at 15 L/minute. The patient was intubated, and a third chest radiograph was obtained (Figure 3).

For the diagnosis and teaching points, see page 512.

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