

contains a large library of pertinent ED documents such as ACEP policy statements and patient information sheets. ConsentView has patient education videos in 3 languages, aimed at obtaining consent for lumbar puncture, wound closure, procedural sedation and blood transfusion.

From a technical standpoint, the user interface is very straightforward and functional. Those looking for the types of bells and whistles found on computer games or Web sites will be disappointed, but this does not detract from the program's quality information and impressive scope. As with the first edition of any textbook, a handful of areas could use improvement. Though the outline format of the PEMSsoft's text does not lend itself well to extensive referencing, a few key references for each section would be an upgrade. Future editions would also do well to expand the Signs and Symptoms section, as emergency physicians are more often managing these than

definitive diagnoses. In this regard, algorithms or decision trees for different clinical presentations would be a useful addition to this software. Upgrades will likely occur frequently, as the software is an annual subscription based service with Web-based support. In summary, the first edition of PEMSsoft is a unique, user-friendly software reference package that is ready to make a strong play for your personal or departmental education dollar.

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## IMAGES IN EMERGENCY MEDICINE

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### DIAGNOSIS:

*Traumatic pneumatocele.* Traumatic pneumatocele, which has also been reported as traumatic pulmonary pseudocyst or traumatic lung cyst since 1940,<sup>1</sup> is a less frequent complication of blunt chest trauma. Children and young adults are involved more commonly, probably because of the great flexibility of their thoracic walls.<sup>2</sup> As the most acceptable mechanism, the lung is compressed by the external force of the trauma, followed by rapid decompression from increased negative intrathoracic pressure. A "bursting lesion" of the lung occurs and leads to pneumatocele formation.<sup>3</sup> Clinical appearance includes cough, hemoptysis, chest pain, and dyspnea.<sup>3</sup> The treatment is usually conservative, and the role of prophylactic antibiotics is unclear. Surgical intervention is recommended only when complications such as infection occur.<sup>4</sup>

### REFERENCES

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4. Schimpl G, Schneider U. Traumatic pneumatoceles in an infant: case report and review of the literature. *Eur J Pediatr Surg*. 1996;6:104-106.