

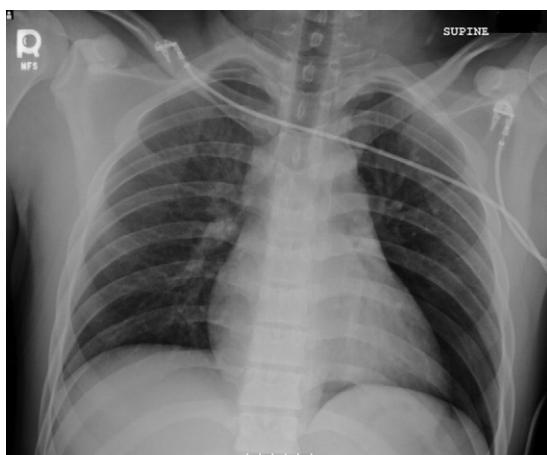
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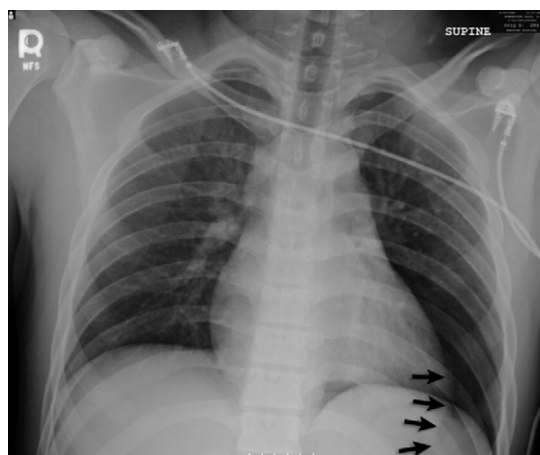
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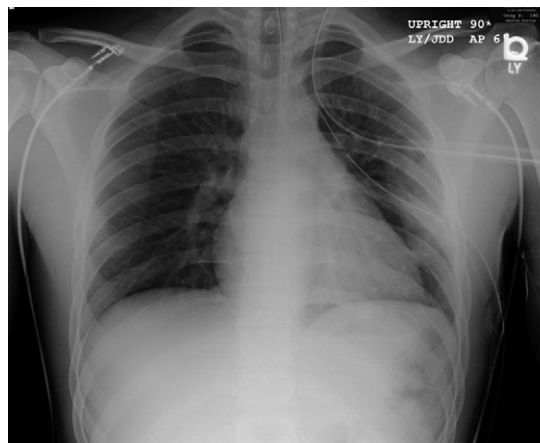
**Figure 1.** Supine chest radiograph.



**Figure 2.** Supine chest radiograph.



**Figure 3.** Computed tomographic scan.



**Figure 4.** Chest radiograph. Used with permission of Alan J. Smally, University of Connecticut, Division of Emergency Medicine, Hartford, CT.

[Ann Emerg Med. 2007;49:717.]

A 19-year-old unrestrained male driver was being pursued by police and struck a telephone pole at a high rate of speed. A 20-minute foot chase ensued. Once apprehended, he complained of back pain, was pale, was diaphoretic, and had 1 episode of bloody emesis.

On physical examination, he had a respiratory rate of 16 breaths/min, pulse rate of 86 beats/min, blood pressure of 134/76, and oxygen saturation of 98% on a nonrebreather facemask. He was uncooperative and agitated and complained only of back pain. On auscultation of his chest, his breath sounds were clear bilaterally. He had midthoracic spine tenderness and diffuse abdominal tenderness to palpation. A supine chest radiograph (Figure 1) was performed.

*For the diagnosis and teaching points, see page 725.*

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## **Advocating for Certified Emergency Nurses (CENs) in Departments of Emergency Medicine**

*Approved by the ACEP Board of Directors October 2006.*

## **Selective Triage for Victims of Sexual Assault to Designated Exam Facilities**

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## **Advocating for Certified Emergency Nurses (CENs) in Departments of Emergency Medicine**

[Ann Emerg Med. 2007;49:725.]

The American College of Emergency Physicians supports the efforts of the Emergency Nurses Association (ENA) and the Board of Certification for Emergency Nursing (BCEN) regarding defining standards of emergency nursing care and the provision of resources, support, and incentives for emergency nurses to be able to readily attain Certified Emergency Nurses (CEN) certification.

Approved by the ACEP Board of Directors October 2006.

doi:10.1016/j.annemergmed.2007.01.008

## **Selective Triage for Victims of Sexual Assault to Designated Exam Facilities**

[Ann Emerg Med. 2007;49:725.]

The American College of Emergency Physicians supports:

- The collection of forensic evidence (performance of evidentiary examinations) by specially educated and clinically trained personnel when available and appropriate.
- The development and funding of additional Sexual Assault Nurse Examiner (SANE)/Sexual Assault Response Team (SART) programs.

Approved by the ACEP Board of Directors October 2006.

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## IMAGES IN EMERGENCY MEDICINE

*(continued from p. 717)*

### **DIAGNOSIS:**

*Deep sulcus sign.* First described by Gordon,<sup>1</sup> the deep sulcus sign may be the only evidence of a pneumothorax on a supine chest radiograph. A deepening of the costophrenic angle occurs when air tracks anteriorly and caudally along the pleural space<sup>2</sup> when the patient is lying supine. The arrows in Figure 2 highlight the hyperlucent area that is shown as an anterior pneumothorax, which is revealed in Figure 3, the computed tomography scan of the chest obtained immediately after the chest radiograph. Figure 4 shows that the findings resolved after placement of the chest tube. False-positive examples of the deep sulcus sign have been described in patients with chronic obstructive pulmonary disease<sup>1</sup> and those receiving mechanical ventilation with high tidal volumes.<sup>3</sup>

### **REFERENCES**

1. Gordon R. The deep sulcus sign. *Radiology*. 1980;136:25-27.
2. Kong A. The deep sulcus sign. *Radiology*. 2003;228:415-416.
3. Tocino I, Armstrong JD. Trauma to the lung. In: *Imaging of Diseases of the Chest*. St. Louis, MO: Mosby; 2000:770-771.