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Image Article

Image Challenge: The Road Less Traveled

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DESCRIPTION

71-year-old male with chronic heavy alcohol use was admitted to the hospital for a left femoral neck fracture from a fall while he was intoxicated. He underwent open reduction and internal fixation, but his post-operative course was complicated by aspiration pneumonia and delirium. A Nasogastric Tube (NGT) was required for feeding which led to immediate worsening of his respiratory status. A follow up Chest X-ray (CXR) was obtained (Figure 1). The patient has provided informed consent.

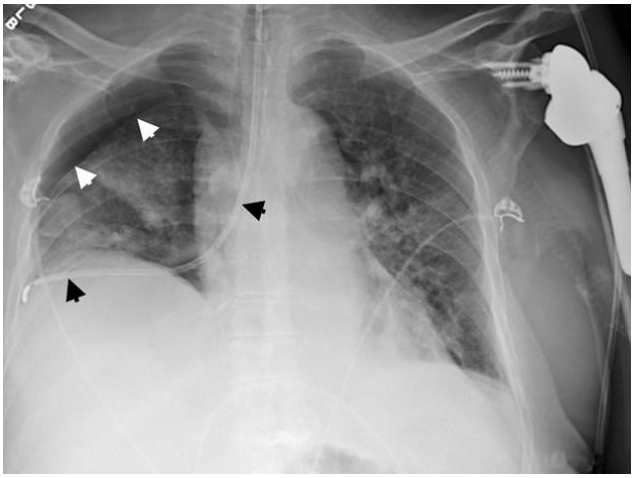

Figure 1: Patient's chest x-ray immediately after insertion of nasogastric tubec

What's your diagnosis: Patient has developed traumatic pneumothorax (white arrows) secondary to incorrect placement of NGT (black arrows) in the right trachea-bronchial tree. NGT placement is very common in hospitalized patients requiring enteral nutritional support. Most placements are benign and without complications. However, it can rarely result in traumatic pneumothorax that can be very serious and potentially fatal [1]. It is prudent to be extra cautious in high risk patients such as ours who is critically ill as well as with decreased level of consciousness and obtunded airway reflexes. The traditional bedside confirmatory methods of placement are less reliable in such patients [2]. Post placement CXR is the best way to ascertain no respiratory complications [3]. Bedside capnometry/capnography during NGT placement may be able to help prevent respiratory complications rather than early identification by other methods [4,5]. Our patient had a prolonged hospital stay due to complication related to NGT placement, but recovered completely.

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