



CODEN [USA]: IAJPB

ISSN : 2349-7750

INDO AMERICAN JOURNAL OF  
**PHARMACEUTICAL SCIENCES**

SJIF Impact Factor: 7.187

Available online at: <http://www.iajps.com>

Research Article

## DIAGNOSTIC ACCURACY OF CHEST ULTRASONOGRAPHY FOR PNEUMOTHORAX IN POST TRAUMATIC PATIENT TAKING CT AS A GOLD STANDARD

<sup>1</sup>Dr Mehak mariyam, <sup>2</sup>Dr Aamna Iqbal, <sup>3</sup>Muhammad Aamir

<sup>1</sup>IMO ZCD wattakhel, Mianwali

<sup>2</sup>KEMU Lahore

<sup>3</sup>Mufti Mehmood Memorial Teaching Hospital D I Khan

**Article Received:** October 2020

**Accepted:** November 2020

**Published:** December 2020

**Abstract:**

**Introduction:** It is vital to diagnose pneumothorax at early stage for treatment purpose. In trauma cases usually it is ignored and remained undiagnosed which can become cause of cardiac arrest and tension. Ultrasound has helped the trauma cases to diagnose the pneumothorax by performing chest ultrasound and can manage the treatment plan and resuscitation.

**Objective:** The purpose of the study is to analyze the diagnostic accuracy of chest ultrasound in identifying the pneumothorax from trauma cases while CT remain as a gold standard.

**Methodology:** The trauma patients who were referred to Radiology Department of Lahore General Hospital from the period of January 2019 to January 2020 were included in the study. Total 152 patients were included in the study. The ultrasound was performed in supine position by using high frequency linear probe by scanning and focusing on both lungs and identified the parietal and visceral pleura, comet tail artifact and lung sliding which shows normal lungs. The gold standard set was CT results of pneumothorax.

**Results:** Total of 152 patients who have chest trauma were included and the mean age of the selected sample was  $31.6 \pm 13.4$  years (range: 5-68). Male patients were more in number (76%). Pneumothorax was found in 55 cases which counts 36.2% of the total cases. The sensitivity of the ultrasound was 83.6%. Specificity of the ultrasound was 97.9%. Positive predictive value of ultrasound was 95.8% and negative predictive value 91.3%.

**Conclusion:** Chest ultrasound is accurate, no harm of radiation and quick technique to identify the pneumothorax in chest trauma patients in medical emergency.

**Key Words:** Chest Trauma, Pneumothorax, CT scan, Ultrasonography

**Corresponding author:**

**Dr. Mehak mariyam,**  
IMO ZCD wattakhel, Mianwali

QR code



Please cite this article in press Mehak mariyam et al, *Diagnostic Accuracy Of Chest Ultrasonography For Pneumothorax In Post Traumatic Patient Taking Ct As A Gold Standard.*, Indo Am. J. P. Sci, 2020; 07[12].

**INTRODUCTION:**

Trauma is caused by external factors which can result in injuries and damage to the patients in form of disability or loss of life in young and older population. Trauma is common cause of mortality in the world and it is reported that more than 6 million people deaths occurred in the world almost every year due to trauma(1).Pneumothorax is also common cause of death found in chest trauma if remain un diagnosed(2). From the published reports it was observed that pneumothorax was found in 5-7% of the trauma patients (3). The identification of pneumothorax is done on the basis of sign and symptoms observed clinically in trauma patients who can sometime mislead the diagnosis (5).Chest x-ray, chest ultrasound and CT scan are considered extensive diagnosis techniques in trauma cases. The sensitivity of chest x-ray may range from 30-75% and the specificity of chest X-ray is 100 % (6).CT is a diagnostic test which is used as gold standard in chest trauma cases (7).It is a time consuming test and for cases like pneumothorax the ultrasound is considered fast and easy test. The sensitivity and specificity of chest CT scan is 100%. CT scan is expensive, not widely available in remote areas and is not radiation free which can cause the delay of diagnosis and hence can become life threatening. While ultrasound access is easy and is gaining popularity due to its affordability, time efficient and diagnostic accuracy in rural and urban health care facilities. Sensitivity and specificity of ultrasounds in identifying the thoracic trauma was 53-95 % (8). In other study the ultrasound specificity and sensitivity was found 97.2% and 86.2 % (9).The purpose of the study is to find the diagnostic accuracy of ultrasound in early identification of pneumothorax among trauma patients for timely treatment and reducing the mortality rate. The results of diagnostic accuracy have helped to widely use the ultrasounds in areas where CT is not available and timely diagnosis can help to save the life of the patients.

**METHODOLOGY:**

The present study was conducted in Radiology Department of Lahore General Hospital from time period of January 2019 to January 2020.In the study total 152 patients participated who with intra thoracic traumatic injuries were referred to Emergency department. The purpose of the study was to diagnose pneumothorax accurately by ultrasound while taking CT as a gold standard. The inclusive criterion for the

study was patients with all age group who were referred to emergency department with chest trauma injuries and were also willing to participate in the study. Pregnant ladies, patients with hemodynamic instable, patients having pleural adhesions and pulmonary fibrosis were excluded from the study.

The ultrasound was performed on chest trauma patients by using high frequency probe in supine position. Pneumothorax can be identified by the absence of comet tail artifact and lung sliding. Lung sliding can be detected on M- mode ultrasound along the pleural line as horizontal movement. Motionless part of the chest develops horizontal waves above the pleural line and below the pleural line it develops granular pattern. It looks like sand and the sand like pattern represent the normal lungs (5). Comet tail artifact is observed as hyper echoic vertical lines which appear from the pleural to the end of screen and are clear.

Pneumothorax on CT scan is observed as air collection accumulation behind the medial and ventral thoracic in the pleural cavity.

The ultrasound was performed in supine position and lungs field was scanned from 2<sup>nd</sup> to 4<sup>th</sup> anterior intercostals space and 6<sup>th</sup> to 9<sup>th</sup> intercostals space in mid axillary line. Transducer is placed longitudinally across the ribs. The pleural line was observed between the lower and upper ribs with hyper echoic horizontal line. The parietal and visceral lungs sliding can be differentiated with the help of high frequency probe .Comet tail artifact can be observed in normal lungs. The scan helps to find the absence or presence of comet tail artifact and lung sliding. Medison Sonoace Accuvix V20 with 7.5 MHz frequency transducer was used for all patients. Chest CT scan of all the patients were performed as a gold standard for confirming the diagnostic accuracy of ultrasound in identification of pneumothorax.

**RESULTS:**

Wide range of age group was included in the study that came with chest trauma and was ranged from 5 years to 68 years and their mean age was  $31.4 \pm 13.6$ . Table 1 below shows participants characteristics and from the table 1 it is clear that pneumothorax positive cases were 36 %.

Table 1

Gender	Frequency	Percentage
Male	117	0.76
Female	136	0.34
Total	152	100
<b>Age</b>		
Under 19	25	0.164
20-40 years	91	0.598
40-60 years	26	0.171
61 and above	10	0.657
Total	152	100%
<b>Pneumothorax</b>		
Yes	55	0.64
No	97	0.36

Table 2 shows the performance of the ultrasonography and CT for identification of pneumothorax among chest trauma patients

Table 2

Index	Ultrasound
Sensitivity	83.6%
Specificity	97.9%
Positive Predictive value	95.8%
Negative predictive value	91.3%

From the results it is clear that diagnostic accuracy of ultrasound in detecting the pneumothorax in chest trauma was high. Other studies published show the same sensitivity and specificity of the ultrasound and it is more accurate as compared to the X-ray results. (19, 20).The study of, Hyacinthe et al has also confirmed that the ultrasound diagnostic accuracy is more than the chest X-ray performed on the trauma patient. In his study the gold standard set was also CT. The sensitivity and specificity of chest x-ray was 37 % to 61% and the sensitivity, specificity of ultrasound was 61% and 96% respectively (22)

Wilkerson and Stone study has concluded ultrasound sensitivity as 85% and specificity as 100% in the thoracic trauma injuries (18). Saucier S has identified the application of ultrasound technology as compared to the chest radiography for identification of pneumothorax in traumatic patient. Ultrasound is more accurate, time and cost efficient (10). Similar study was conducted by Lin chen et al and he has concluded in his study that ultrasound is more reliable, accurate and time saving technology as compared to the chest radiography(11).

### CONCLUSION:

From the study it can be concluded that ultrasound is reliable technique in the screening of trauma patients for pneumothorax. The results are also linked with the

expertise of the radiologist and hence CT will remain as a gold standard for confirmation.

### REFERENCES:

1. Norouzi V, Feizi I, Vatankhah S, Poursheikhian M. Calculation of the probability of survival for trauma patients based on trauma score and the injury severity score model in Fateh Hospital in Ardabil. Arch trauma res. 2013; 2(1): 30-5.07PJR January - March 2018; 28(1) PAKISTAN JOURNAL OF RADIOLOGY
2. Zhang M, Liu Z-H, Yang J-X, Gan J-X, Xu S-W, You X-D. Rapid detection of pneumothorax by ultrasonography in patients with multiple trauma. Crit Care. 2006; 10(4): R112-9.
3. Maybauer MO, Geisler W, Wollf H, Maybauer DM. Incidence and outcome of tube thoracostomy positioning in trauma patients. Prehospital Emerg care. 2012; 16(2): 237-41.
4. de Moya MA, Seaver C, Spaniolas K, Inaba K, Nguyen M, Velthuis Y. Occult pneumothorax in trauma patients: development of an objective scoring system. J Trauma and Acute Care Surg. 2007; 63(1): 13-7.
5. Soldati G, Testa A, Sherris S, Pignataro G, La Sala M, Silveri NG. Occult traumatic pneumothorax: diagnostic accuracy of lung ultrasonography in the emergency department. CHEST J. 2008; 133(1): 204-11.

6. Husain LF, Hagopian L, Wayment D, Baker WE, Carmody KA. Sonographic diagnosis of pneumothorax. *J Emerg, Trauma, and Shock*. 2012; 5(1): 76-81.
7. Dabees NL, Salam AA, Elhamid SA, Sabry MM. Multi-detector computed tomography imaging of blunt chest trauma. *Egypt J Radiol and Nuclear Med*. 2014; 45(4): 1105-13.
8. Hyacinthe A-C, Broux C, Francony G, Geny C, Bouzat P, Jacquot C. Diagnostic accuracy of ultrasonography in the acute assessment of common thoracic lesions after trauma. *CH EST J*. 2012; 141(5): 1177-83.
9. Ebrahimi A, Yousefifard M, Mohamadzadeh K, Rasouli HR, Asady H, Jafari AM, Hosseini M. Diagnostic Accuracy of Chest Ultrasonography versus Chest Radiography for Identification of Pneumothorax: A Systematic Review and Meta-Analysis. *Tanaffos*. 2014; 13(4): 29-40.
10. Saucier S, Motyka C, Killu K. Ultrasonography versus chest radiography after chest tube removal for the detection of pneumothorax. *AACN Adv Crit Care*. 2010; 21(1): 34-8.
11. Chen L, Zhang Z. Bedside ultrasonography for diagnosis of pneumothorax. *Quant Imaging Med Surg* 2015; 5(4): 618-23.
12. Kirkpatrick AW, Sirois M, Laupland KB, Liu D, Rowan K, Ball CG. Hand-held thoracic sonography for detecting post-traumatic pneumothoraces: The extended focus assessment with sonography for trauma (EFAST) *J Trauma*. 2004; 57: 288-95.
13. Ball CG, Ranson K, Dente CJ, Feliciano DV, Laupland KB, Dyer D. Clinical predictors of occult pneumothoraces in severely injured blunt polytrauma patients: A prospective observational study. *Injury*. 2009; 40: 44-7.
14. Ball CG, Kirkpatrick AW, Laupland KB, Fox DI, Nicolaou S, Anderson IB. Incidence, risk factors, and outcomes for occult pneumothoraces in victims of major trauma. *J Trauma*. 2005; 59: 917-25.
15. Blaivas M, Lyon M, Duggal S. A prospective comparison of supine chest radiography and bedside ultrasound for the diagnosis of traumatic pneumothorax. *Acad Emerg Med*. 2005; 12: 844-9.
16. Tocino IM, Miller MH, Frederick PR, Bahar AL, Thomas F. CT detection of occult pneumothorax in head trauma. *AJR Am J Roentgenol*. 1984; 143: 987-90.
17. Lichtenstein DA, Menzies Y. A bedside ultrasound sign ruling out pneumothorax in the critically ill. *Lung sliding*. *Chest*. 1995; 108: 1345-8.
18. MacDuff A, Arnold A, Harvey J, BTS Pleural Disease Guideline Group. Management of spontaneous pneumothorax: British Thoracic Society Pleural Disease Guideline 2010. *Thorax* 2010; 65(2): ii18.
19. Meiton LJ 3rd, Heppner NG, Offord KP. Incidence of spontaneous pneumothorax in Olmsted County, Minnesota: 1950 to 1974. *Am Rev Respir Dis*. Dec. 1979; 120(6): 1379-82.
20. Shojaee M, Faridaalae G, Yousefifard M, et al. New scoring system for intra-abdominal injury diagnosis after blunt trauma. *Chin J Traumatol*. 2014; 17(1): 19-24. [[PubMed](#)] [[Google Scholar](#)]
21. Heydari F, Esmailian M, Dehghaniri M. Diagnostic Accuracy of Ultrasonography in the Initial Evaluation of Patients with Penetrating Chest Trauma. *Emergency*. 2014; 2(2): 81-4. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
22. Hyacinthe A-C, Broux C, Francony G, et al. Diagnostic accuracy of ultrasonography in the acute assessment of common thoracic lesions after trauma. *Chest*. 2012; 141(5): 1177-83. [[PubMed](#)] [[Google Scholar](#)]
23. Soldati G, Testa A, Sher S, Pignataro G, La Sala M, Silveri NG. Occult traumatic pneumothorax: diagnostic accuracy of lung ultrasonography in the emergency department. *Chest*. 2008; 133(1): 204-11. [[PubMed](#)] [[Google Scholar](#)]
24. Roberts DJ, Niven DJ, James MT, Ball CG, Kirkpatrick AW. Thoracic ultrasonography versus chest radiography for detection of pneumothoraces: challenges in deriving and interpreting summary diagnostic accuracy estimates. *Crit Care*. 2014; 18: 416. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]
25. Liu Y-c, Liu J-h, Fang ZA, et al. Modified shock index and mortality rate of emergency patients. *World J Emerg Med*. 2012; 3(2): 114-7. [[PMC free article](#)] [[PubMed](#)] [[Google Scholar](#)]