

4.6 Chest

Rib fracture

- Commonly associated with multiple trauma with underlying visceral injury. If the history is suggestive of this treat along ATLS guidelines
- Often relatively minor in the when only 1-2 ribs involved.
- Beware of #s over the spleen or liver however.
- Beware of #s of the 1st and 2nd ribs, which may be associated with brachial plexus or vessel injury, or injury to the upper thoracic contents.
- In the elderly, any more than 2-3#s can be very serious, therefore, consider admission in such patients.
- When only a single uncomplicated # is suspected, make the diagnosis clinically and do not X-ray. The simple reason for this is that many single rib #s will not show on X-ray.
- Be aware of the rib fracture with underlying lung disease. They are likely to develop primary or secondary lung injury unless treated properly.
- Treatment involves pain control, diagnoses of underlying associated lung injury and prevention of secondary lung infection by appropriate advice regarding breathing exercises.

Sternal fracture

- Commonly follows a seat belt injury.
- If anterior cortex only is damaged, treat symptomatically. If both are fractured, check the ECG, and d/w CT surg as they will often require an ECHO.
- Most can be managed on ward 1 with adequate analgesia. Gross displacement, or an associated other injury, is a contraindication to admission to 1.