

Pneumothorax

MCQs

- Patient came with SOB and cough, trachea shifted to the right with hyper-resonance percussion note on the right side.

Diagnosis is:

Left-sided pneumothorax ✓

- Findings in a patient with pneumothorax include :

a. A dull percussion note.

b. Decreased to absent breath sounds.

c. Increased tactile fremitus.

d. Late inspiratory crackles.

e. Shift of mediastinum to the involved site

- tension pneumothorax: false:

collapsed neck veins

- All of the following regarding pneumothorax are true except:

A) Expiratory chest radiograph is not necessary for the routine diagnosis of pneumothorax

B) A patient with normal PA radiograph, a lateral chest or lateral decubitus radiograph should be performed if clinical suspicion of pneumothorax is high

C) CT scanning is not recommended when differentiating a pneumothorax from complex bullous lung disease.

D) The clinical history is not a reliable indicator of pneumothorax

E) On a plain chest radiograph, a surgical emphysema may obscure simple pneumothorax

- All of the following regarding intercostals tube drainage for pneumothorax are true except:

A) It is done in cases of unsuccessful simple aspiration or catheter aspiration drainage

B) It is especially recommended in secondary spontaneous pneumothorax

C) A non-bubbling chest tube should not usually be clamped

D) Bubbling chest tube should never be clamped

f) A patient with a non-bubbling and clamped chest tube for pneumothorax can leave the ward environment.

- All of the following regarding spontaneous pneumothorax are absolute indications for operative interventions except:

A) Second ipsilateral pneumothorax

B) First contra lateral pneumothorax ???

C) Bilateral pneumothoraces

D) First ipsilateral of pneumothorax in individuals living in remote area.

E) Persistent air leak (>7days)

• Which of the following is the least cause of iatrogenic pneumothorax?

- A) Transthoracic needle aspiration
- B) Subclavian vessel puncture
- C) Thoracocentesis
- D) Pleural biopsy
- E) Intercostal nerve block.

Intercostal nerve block typically involves injecting local anesthetic into the space between the ribs to relieve pain and is not a common cause of iatrogenic pneumothorax.

Causes of iatrogenic pneumothorax

- Transthoracic needle aspiration biopsy (28%)
- Central venous catheter insertion(22%) ,
- Thoracentesis (12)
- Transbronchial biopsy(2-5%)
- Intercostal nerve block,
- Tracheostomy
- Positive pressure ventilation and ARDS in the ICU

Mini-OSCE

Station 11

Q1 : what the radiological abnormalities found in this X – ray ?

Absent bronchovascular marking at right side with collapsed right lung & shifting of mediastinum

Q2 : your radiological Dx

Tension pneumothorax

