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EMERGENCY CASEBOOK

Tracheal deviation as a sign in ill patients: beware ipsilateral pathology

Tracheal deviation is vigorously taught on paediatric and adult life support courses as being one of the "hard" signs often related to contralateral pathology. It is easy and quick to elicit.

A 31 year old man with asthma presented with a four day history of marked dyspnoea and central chest pain radiating to the back. He had had an inguinal hernia repair under general anaesthetic four days before and was told his chest x ray at that time was normal. On examination he was ill looking, with a trachea deviated markedly to the right. Other relevant physical signs included increased left sided chest expansion compared to the right and dullness to percussion on the right base with some associated bronchial breathing. High flow oxygen was instituted, an intravenous cannula placed, and an urgent chest radiograph arranged (fig 1).

The radiograph confirmed massive collapse of the right lung. This responded to intensive physiotherapy with full reinflation of the lung after 24 hours. Bronchoscopy was not thought necessary and the patient was discharged on oral antibiotics after 36 hours. The final diagnosis was mucus obstruction of the pulmonary tree with secondary lung collapse.

Eliciting physical signs from percussion and auscultation can be difficult in the noisy atmosphere of an A&E department. However, they are an essential component of chest examination. Tracheal deviation is a "hard" sign that is easy to assess but beware that it does not send you in the wrong direction when examining ill patients.

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