Unusual cause of a raised right hemidiaphragm

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A 31 year old woman was brought by ambulance after a road traffic accident. She had been the driver of a car travelling at 50 mph before collision with a tree. The paramedics reported significant intrusion of the driver's door towards the patient's right chest wall.

On examination she had a tachypnoea of 24/min, diminished breath sounds in the right lung base, and a pulse rate of 113/min. A chest radiograph revealed a raised right hemidiaphragm (fig 1). The patient stabilised haemodynamically with a 2 litre crystalloid infusion. She was nursed on a high dependency unit overnight.

Thoracoscopy in the morning was negative. Abdominal computed tomography showed a liver haematoma (fig 2). This presentation has not been previously reported. The patient made a good recovery with conservative management.

In stable patients computed tomography remains a valuable tool for the non-invasive definition of pulmonary, diaphragmatic, and abdominal visceral injury.

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Figure 1 Chest radiograph showing raised right hemidiaphragm.

Figure 2 Computed tomography showing the liver laceration (arrow).