



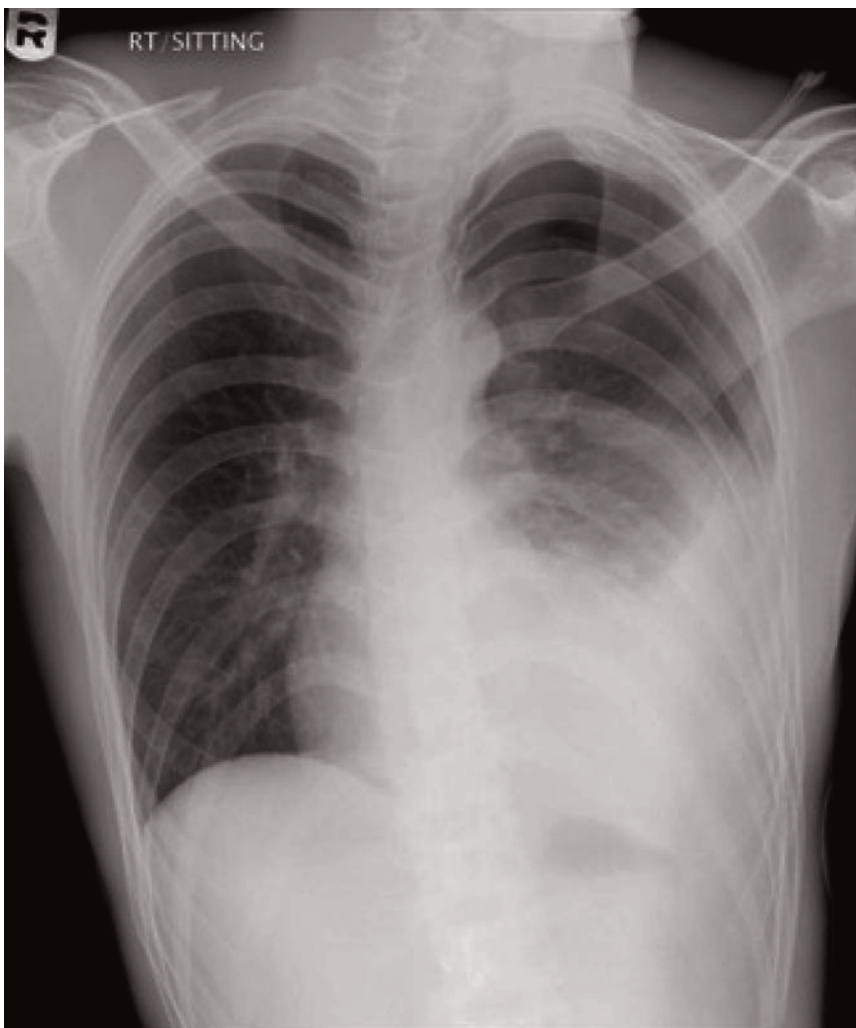
X-ray Quiz

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Case history

JY is a healthy 17 years old boy who presented to our emergency department with sudden onset of left sided chest pain while sleeping, accompanied by shortness of breath. He had no recent history of fever, cough or trauma. No asthma or abnormal bleeding tendency was known. A Chest X-ray was taken.



Question

1. What is the diagnosis?
2. What is the treatment?

(Answer on page 24)



Changing prevalence of allergic diseases in the Asia-pacific region

Wong GW, Leung TF, Ko FW.
Allergy Asthma Immunol Res 2013;5(5):251-7. *PubMed PMID:* 24003381.

Adenovirus respiratory infection in hospitalized children in Hong Kong: serotype-clinical syndrome association and risk factors for lower respiratory tract infection

Chau SK, Lee SL, Peiris MJ, Chan KH, Chan E, Wong W, et al.
Eur J Pediatr 2013 Aug 31. *PubMed PMID:* 23995960.

Recent advances in asthma biomarker research

Leung TF, Ko FW, Wong GW.
Thor Adv Respir Dis 2013 Aug 1. *PubMed PMID:* 23907809.

Severe respiratory syndromes: Travel history matters.

Hon KL.
Travel Med Infect Dis 2013 Jun 29. *PubMed PMID:* 23820509.

Relationship between passive smoking exposure and urinary heavy metals and lung functions in preschool children

Leung TF, Chan IH, Liu TC, Lam CW, Wong GW.
Pediatr Pulmonol 2013 Jun 28. *PubMed PMID:* 23813769.

Effects of passive smoking on snoring in preschool children

Zhu Y, Au CT, Leung TF, Wing YK, Lam CW, Li AM.
J Pediatr. 2013 Jun 25. *PubMed PMID:* 23809044.

Respiratory viruses and atypical bacteria triggering severe asthma exacerbation in children

Leung TF, Chan PK, Wong GW, Fok TF, Ng PC.
Hong Kong Med J 2013;19 Suppl 4:11-4. *PubMed PMID:* 23775180.

The official website of Hong Kong Society of Paediatric Respiriologists is now online. Welcome to our website: <http://www.hkspr.org>.

Coming HKSPR Meetings and Workshops

Date	Venue	Title(s) of Presentation	Speakers	Chairpersons
25 September 2013	KWH	Non-invasive Ventilation: From Pressure to Flow	Dr. Daniel Ng	Dr. June Chan
5-6 October 2013	Sheraton	1st Asian Paediatric Respiriologists Forum & 16th HKSPR Annual Scientific Meeting	Various	Various
7 October 2013	KWH	Post-ASM Workshop: Paediatric Home Non-invasive Ventilation Workshop	Various	Various
27 November 2013	KWH	PICU	Dr. Shu-wing Ku	Dr. Kin-Wai Chau
8 December 2013	KWH	Practical Beginner Ultrasound Workshop for PNICU	Various	Various

Answers to X-ray Quiz on page 23

Spontaneous haemopneumothorax.

JY had chest drain inserted after admission. However there was persistent haemothorax and haemoglobin dropped from 14 to 11. Video assisted thoracoscopic surgery (VATS) was done the next day and 1 litre of blood was drained from the pleural cavity. An apical adhesion band was found but no active bleeding vessel was seen. Adhesion band catheterization, wedge resection of site of air leaking and abrasive pleurodesis was performed. JY recovered uneventfully.

Spontaneous haemopneumothorax can be life-threatening if not treated promptly. It complicates 3-7% of spontaneous pneumothorax and occurs mostly in young male patients aged between 20-34 years old. Although spontaneous pneumothorax is often accompanied by a limited amount of blood in the pleural space, spontaneous haemopneumothorax is diagnosed when more than 400 ml of blood has accumulated in the pleural cavity in association with spontaneous pneumothorax. The most common presenting symptoms are chest pain and shortness of breath. Bleeding can be from ruptured pleural adhesion with aberrant vessel or from a ruptured vascular bulla. Chest X-ray will show pneumothorax with fluid level and thoracentesis shows frank blood or haematocrit of the pleural fluid being greater than 50% of the peripheral blood. Patients can have sudden severe bleeding and die of hypovolaemia and shock. Treatment is immediate volume and blood replacement as indicated and placement of large bore chest drain. Early surgical intervention (VATS or open thoracotomy) should be undertaken if there is persistent bleeding.

References

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3. Chiang WC, Chen WJ, Chang KJ, Lai TI, Yuan A. Spontaneous hemopneumothorax: An overlooked life-threatening condition. *Am J Emerg Med* 2003;21(4):343-5.