

Percutaneous thoracostomy for traumatic hemothoraces: a call for research

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McLauchlan and others report a case series of nine trauma patients with hemothoraces that were drained with a percutaneous 14Fr drain and lavaged.¹ They demonstrate the feasibility of performing thoracic lavage via the 14Fr drain. In doing so, they were able to, in theory, leverage the benefits of a smaller percutaneous tube (less pain)² with the benefits of lavage (lower incidence of retained hemothoraces).³ It is the first report of combining the techniques and shows promise. There are a number of questions that it raises which certainly will need to be evaluated with a larger prospective cohort. The type of percutaneous tube used was one of the pigtail variety which may need to be evaluated in comparison to its straight tube variety. The timing of the lavage and the possible need for a repeat lavage will need to be addressed. There may be a role for lavage with a pigtail that is image guided for empyema or the installation of lytic therapy. Of note, the authors were able to quantify the hemothoraces in some of the patients using the Mergo formula calculated on a CT scan prior to tube placement. The utilization of a more objective measure of the volume of the hemothorax is another evolving field that warrants a closer examination.

Overall, the authors offer a feasible technique for lavaging the chest with less pain and may be a promising approach to the stable patient with a traumatic hemothorax. I look forward to future studies that explore the many questions regarding the management of hemothoraces that remain.

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