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Title: Lung trauma after suicidal attempt; MDCT with angiography and perfusion and MRI with DWI in diagnostic and following

Dr. Aleksandar 8256 Ivkovic aleksandarvkvc@hotmail.com MD ¹, Dr. Tamara 8257 Milosavljevic tamaradr2010@hotmail.com MD ² and Prof. Dr Zoran 8258 Radovanovic sasadr2009@gmail.com MD ^{1, 1}.
Center of Radiology, KC Nis, Nis, Serbia, 18106 and ² Radiology, Special Hospital Niroshi, Nis, Serbia, 18106 .

Body: Purpose: Lung trauma is a significant source of morbidity and mortality. Purpose is to determine all possible injuries and complications in patients who survive suicide attempt. Material and methods: We examined 37 patients after suicide attempt. All patients were examined on MDCT within 4 hours after incident. There were 20 female and 17 male patients from 16 to 38 years old. One female patient was examined after 3 separate attempts in period of 2 years. 13 patients finished lethal, 22 went to surgery. From survived patients 11 had another suicide attempt and 6 finished lethal. Four patients died from other causes, connected to trauma (thromboembolism) in period first year after. In 15 cases we performed pulmonary angiography and in 9 patients we performed MDCT perfusion to determine unseen injuries. In 15 patients we performed MRI with DWI. Results: The time of injury, mechanism of injury, and evidence of associated injury to other systems are all salient features of an adequate clinical history. We obtained Information directly from the patient whenever possible and from other witnesses to the accident if available. We separate findings in blood vessels injuries, airway injuries, bone injuries and soft tissue injuries. Major criteria were presents of lung hematoma, fluid or gas. We followed up all patients with minor injuries. The traumatic mediastinal emphysema occurs along with severe combined injuries. A typical feature is the subcutaneous emphysema as well as crackling sounds and frequently a pneumothorax. Conclusion: MDCT is golden standard for diagnostic of lung injury. MDCT perfusion and MRI DWI are new methods give us information of unseen injuries.