Ioannis Tomos[1], Effrosyni D. Manali[1], Stylianos Argentos[2], Thomas Raptakis[1], Spyros A. Papiris[1]

[1]II[nd] Pulmonary Department, "Attikon" University Hospital, Athens Medical School, National and Kapodistrian University of Athens, Greece
[2]II[nd] Radiology Department, "Attikon" University Hospital, Athens Medical School, National and Kapodistrian University of Athens, Greece

"Luck's always to blame": silent wounds of a penetrating gunshot trauma sustained 20 years ago

Abstract

Gunshot tracheal injuries represent life-threatening events and usually necessitate emergent surgical intervention. We report a case of an exceptional finding of a patient with retained ballistic fragments in the soft tissues of the thorax, proximal to the right subclavian artery and the trachea, carrying silently his wounds for two decades without any medical or surgical intervention. The bullet pellet on the upper part of the trachea seen accidentally in the chest computed tomography, was also found during bronchoscopy. In short "luck's always to blame".

Key words: gunshot injury, trauma, bronchoscopy

Pneumonol Alergol Pol 2015; 83: 392–393

An 80-year old ex-smoker male patient was admitted to our department complaining for weight loss, fatigue and dyspnea of several weeks duration. Clinical examination revealed dullness to percussion and decreased breath sounds on the left side of the chest. The chest X-Ray confirmed the presence of a large left pleural effusion as well as multiple bilateral highly radiopaque pulmonary nodules. Diagnostic thoracentesis was performed and a lymphocytic exudative pleural effusion was revealed. Three consecutive cytology exams of the pleural fluid were negative for malignancy. The tuberculin skin test (PPD test) was positive with 20 mm induration. Pleural fluid adenosine deaminase (ADA) levels were increased (70 IU/L) and thus, the diagnosis of tubercular pleural effusion was made. The patient received anti-tuberculosis treatment. Chest computed tomography additionally revealed birdshot pellets in the thorax, proximal to the right subclavian artery and the trachea (Fig. 1). The patient reported an accidental gunshot injury during bird hunting 20 years ago and he denied any complaint related to this injury all these years. Bronchoscopy was performed and revealed a bullet pellet on the upper part of the trachea (Fig. 2). Surprisingly the patient silently carried his wounds for two decades without any medical intervention.

Figure 1. Chest computed tomography revealed a birdshot pellet in the trachea

Gunshot tracheal injuries are life-threatening and usually, emergent surgical intervention is

Address for correspondence: Ioannis Tomos, II[nd] Pulmonary Medicine Department, "Attikon" University Hospital, 1, Rimini Street, 12462 Haidari, Athens, Greece
Tel: +302105831184, Mobile; +306942707287, e-mail: etomos@hotmail.com
DOI: 10.5603/PiAP.2015.0063
Received: 16.06.2015

ISSN 0867–7077

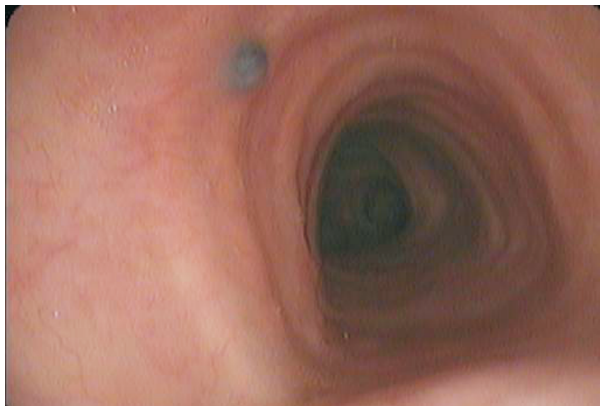

Figure 2. A bullet pellet found on the upper part of the trachea during bronchoscopy

necessary [1, 2]. Penetrating trauma with retained ballistic fragments in the airway with no further pathology is an exceptional finding. In short "luck's always to blame".

Conflict of interest

The authors declare no conflict of interest.

References:

1. O'Connor JV, Haan JM, Wright JL. Spent bullet in the bronchus. Am Surg 2006; 72: 345–346.
2. Lyons JD, Feliciano DV, Wyrzykowski AD, Rozycki GS. Modern management of penetrating tracheal injuries. Am Surg 2013; 79: 188–193.