

Stumbling into encephalopathy: chest trauma in a patient with alcoholic cirrhosis

A middle-aged man with biopsy-proven alcohol-related liver cirrhosis was admitted to hospital with right-sided chest pain. He was haemodynamically stable with oxygen saturations of 96% on room air. He had reduced air entry on auscultation at his right lung base, which was stony dull to percussion.

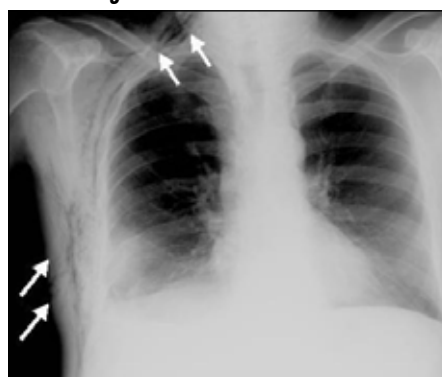
The admission chest X-ray (*Figure 1*) shows extensive surgical emphysema with the right eighth and ninth ribs fractured posteriorly and a moderate right effusion. A computed tomography scan (*Figure 2*) shows a fractured ninth rib

that is diastased with significant intrathoracic displacement.

Despite draining the haemothorax, the patient became pyrexial a few days later with a white cell count of 22×10^9 /litre and C-reactive protein of 183 mg/litre. Repeat imaging showed a loculated empyema. Unfortunately, he became encephalopathic, developed multiorgan failure and died.

Since trauma is associated with alcohol-related intoxication (Israel et al, 2006)

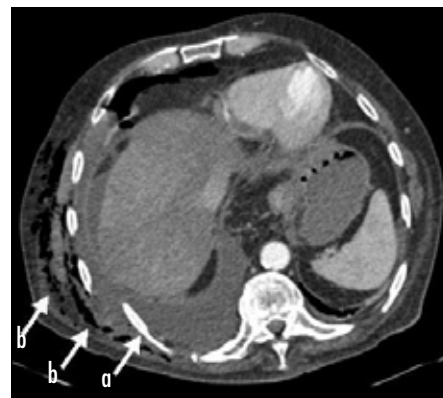
Figure 1. The chest X-ray shows extensive right-sided surgical emphysema (arrows) with the right eighth and ninth ribs fractured posteriorly and a moderate right effusion.



physicians should be aware of the increased mortality and risk of bleeding in the patient with advanced liver disease. **BJHM**

Israel Y, Orrego H, Schmidt W et al (2006)
Trauma in cirrhosis: An indicator of the pattern of alcohol abuse in different societies. *Alcohol Clin Exp Res* 15(3): 433–7

Figure 2. The transaxial computed tomography scan shows a fractured ninth rib that is diastased with significant intrathoracic displacement (arrow a). The liver contour appears irregular in keeping with cirrhosis. A right-sided haemopneumothorax secondary to multiple rib fractures, with extensive subcutaneous emphysema (arrows b), was seen in the remaining computed tomography scan.



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