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TRAUMATIC ASPHYXIA

Hi story

- 4 year old boy was playing near his fathers workplace
- Accidentally got caught by the belt of a running motor
- Was compressed against the machine for 5 mins

Examination

- Drowsy/ GCS 15 / tachypneic
- Hemodynamically stable, SpO2 96% in RA
- Had abrasions over Rt side of chest/abdomen
- Congestion & Edema of face
- Ecchymotic petechial hemorrhages over face and neck
- Subconjunctival hemorrhage Rt eye
- Tenderness in Rt hypochondrium
- No obvious fractures

CT Chest

- Acute Pulmonary Hemorrhage in Rt lung
- CT Brain , Cervical spine and abdomen - Normal

Investigations

- Hb-11.5gm/dl
- Platelet- 3.1L/dl
- PT/PTT – normal
- SGOT-570/ SGPT 410 IU/l
- Amylase – 68/ Lipase 57 IU/l

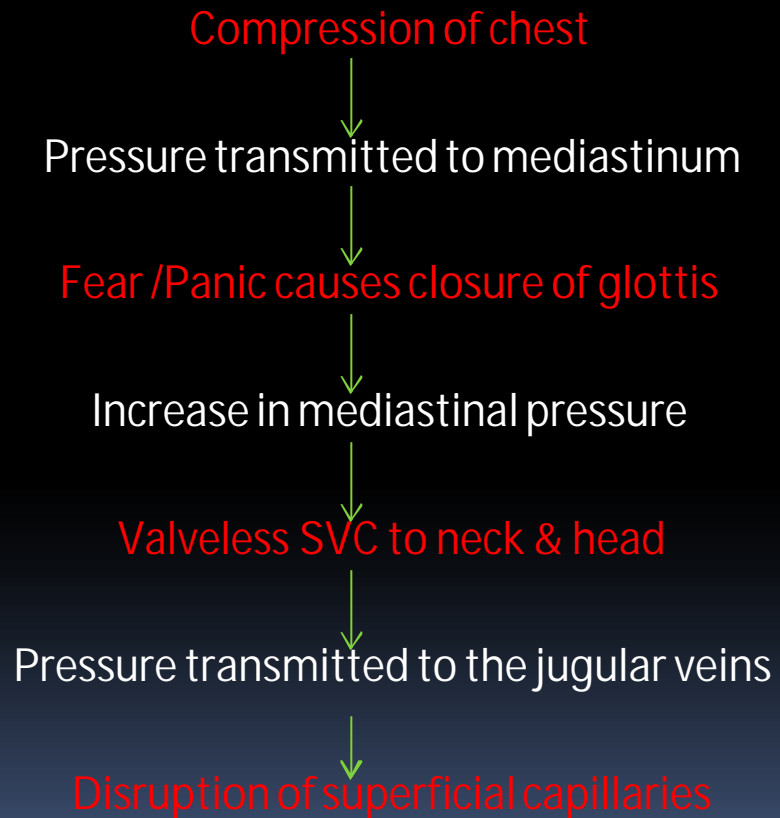
Management

- Conservatively managed in PICU
- Discharged after 4 days
- Advised to avoid strenuous activity and contact sports.

Traumatic Asphyxia

- Results from antero posterior compression of victims upper chest and / or upper abdomen
- Clinical syndrome consists of
 - Congestion & Edema of face
 - Cyanosis of face
 - Ecchymotic petechial hem. in upper chest/neck/face
 - Subconjunctival hemorrhage

Pathophysiology



Other Conditions Causing TA

- Status Asthmaticus
- Status Epilepticus
- Whooping Cough
- Drowning
- Victims Of Stampede

Key Points

- Incidence difficult to ascertain –Rare Pathology
- No specific treatment
- Prognosis is good despite alarming initial appearance
- Neurological lesions are rare & may recover within 48 hours (Intracranial hemorrhages/cerebral edema)
- Sequelae – rare (due to associated cerebral injury)