Dr. Narayanan
Fellow in Department of Emergency Medicine
KKCTH
History

- 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

1. Compression of chest
2. Pressure transmitted to mediastinum
3. Fear/Panic causes closure of glottis
4. Increase in mediastinal pressure
5. Valveless SVC to neck & head
6. Pressure transmitted to the jugular veins
7. Disruption of superficial capillaries
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)