

HYDROPNEUMOTHORAX

- It is the collection of both fluid(lower part) and air(upper part) in the pleural cavity.
- Common aetiology is secondary infection of an open type of pneumothorax or sympathetic collection of fluid in closed or tension pneumothorax.

CLINICAL PRESENTATION

- Dyspnoea
- Chest pain
- Splashing sound during jolting
- Cough
- Heaviness in the chest
- pyrexia

- physical signs are more or less similar to pneumothorax.
- Decubitus-propped up position at present
 - **INSPECTION**
 1. Upper respiratory tract within normal limit
 2. Increased respiratory rate 30/min
 3. Diminished respiratory movements may be observed

- **PALPATION**

1. Diminished movement of chest in affected side
2. Tracheal shift to opposite side
3. Vocal fremitus is diminished

1. **PERCUSSION**

1. straight fluid level(upper limit of dullness is horizontal.

Percussion done above downwards along MCL,along MAL and back-marked at point of dullness-3 points joined transversely to get a horizontal line encircling the chest wall.

2. Shifting dullness (absent in loculated or encysted variety of hydropneumothorax)

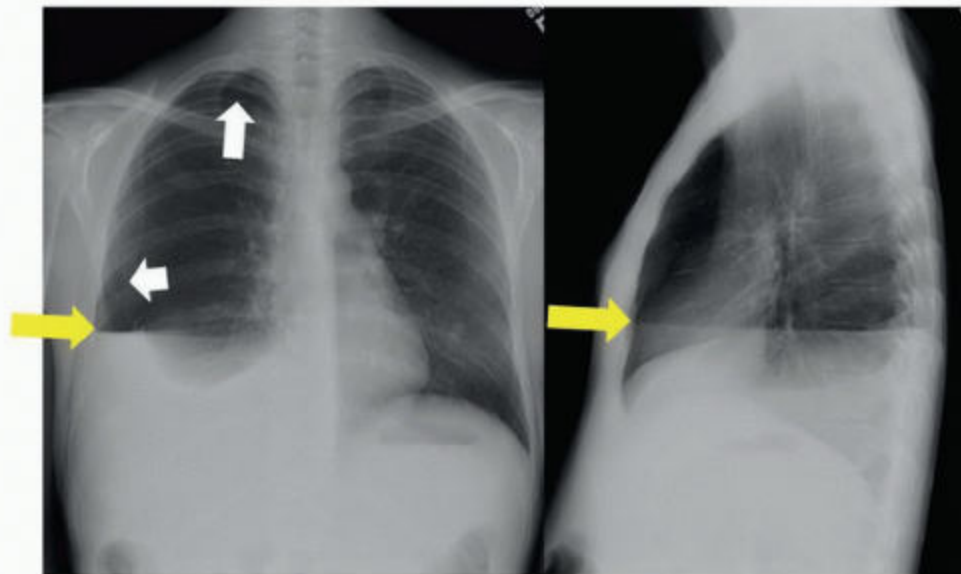
- In sitting position-percussion done along MCL(upper part is tympanitic and lower part stony dull)
- Percussion done in lying down position when the fluid gravitates in the depended part and air comes in front
- Lower part which was dull become tympanitic
- Same manoeuvre can be done in the back

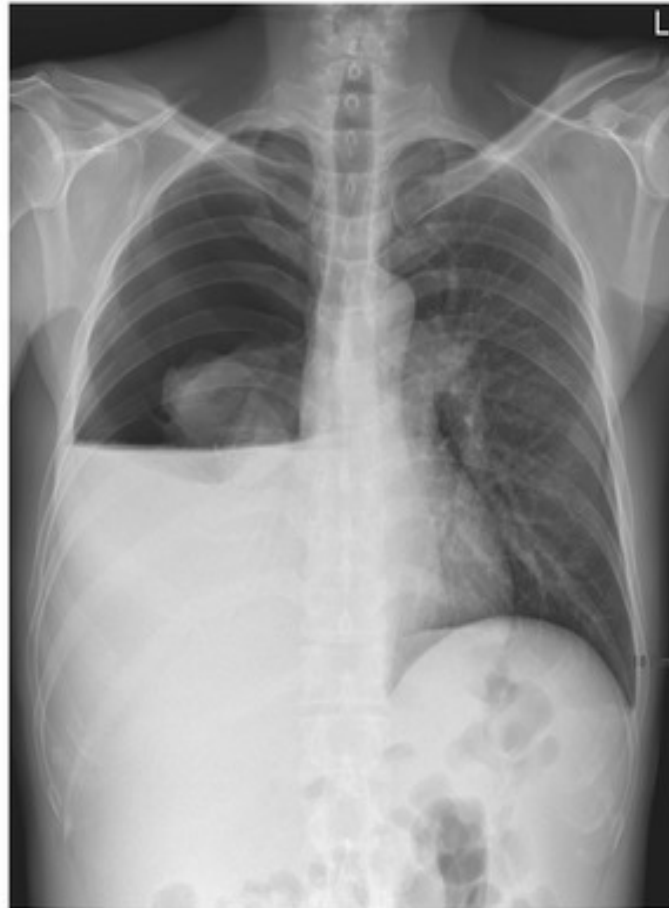
- **AUSCULTATION**

1. Succussion splash(hippocratic succussion)

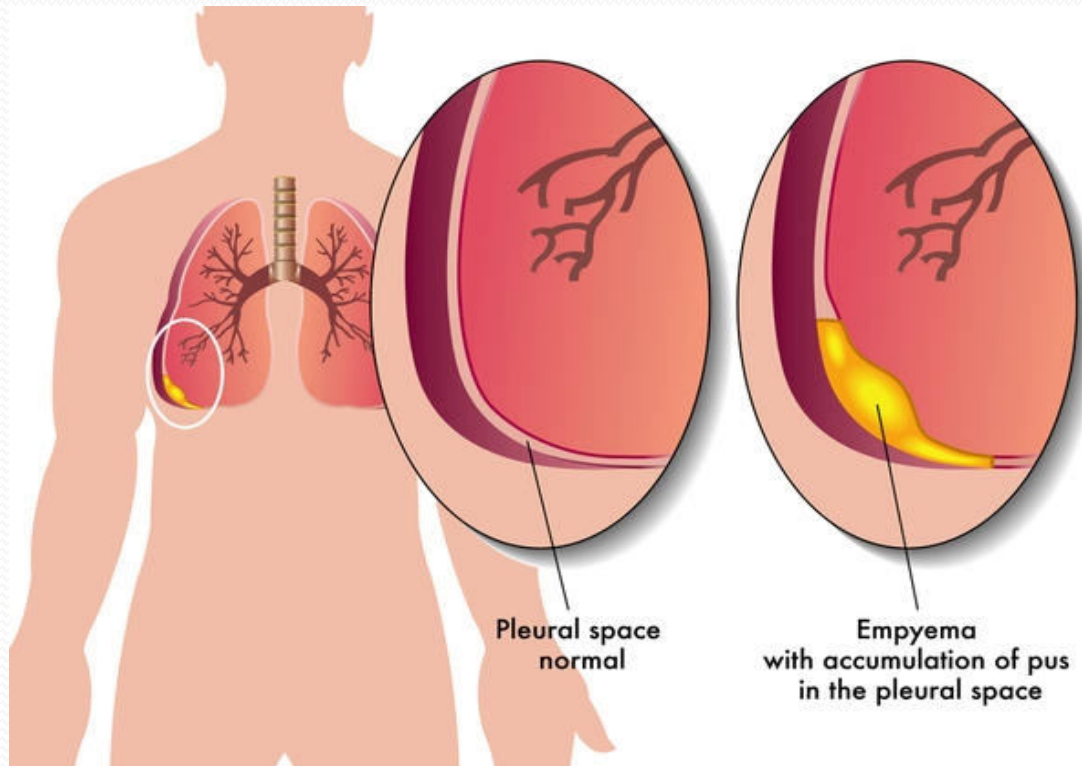
Upper border of dullness is detected in lateral chest wall along MAL in sitting position. now the diaphragm of stethoscope is places on air fluid level and patient shaken from side to side vigorously. A splashing sound is heard with every jerk(like intact coconut)

2. Amphoric breath sound(bronchial breathing as bronchopleural fistula is a common cause of HPT
3. Tinkling sounds
4. Positive coin sound in upper chest





Empyema thoracis



○ Clinical Features:

- Symptoms of pleural empyema may vary in severity.
- Typical symptoms include:
- Chest pain, which worsens when you breathe in deeply (pleurisy)
- Dry cough
- Excessive sweating, especially night sweats
- Fever and chills
- General discomfort, uneasiness, or ill feeling (malaise)
- Shortness of breath

GENERAL EXAMINATION

1. Patient look toxic and prostrated, loss of weight
2. Hectic rise of temp with rigors and sweating
3. Tachycardia and tachypnoea
4. Clubbing

INSPECTION

1. Intercostal tenderness as well as fullness
2. Skin is red, oedematous, glossy overlying empyema
3. Empyema necessitans

PALPATION

1. Diminished movements on same side
2. Tracheal shift to opp side
3. Vocal fremitus diminished

PERCUSSION

1. Stony dullness

AUSCULTATION

1. Diminished vesicular breath sound on affected side.
2. Vocal resonance decreased
3. No adventitious sounds(
crepitations, rhonchi, pleural rub)



FIBROTHORAX

- Long history
- Commonly an end result of tuberculosis, empyema thoracis, asbestosis or haemothorax.

INSPECTION

1. Crowding of ribs with drooping of the shoulders. depression of intercostal spaces with reduced movements on affected side.

PALPATION

1. Trachea and apex beat may be shifted towards the diseased side.

PERCUSSION

1. Dull note but never stony dull

AUSCULTATION

1. Diminished vesicular breath sound with diminished vocal resonance. Bronchial breath sound is never heard. Pleural rub may or may not be present.

