

IMAGING IN INTENSIVE CARE MEDICINE



Tension enterothorax: a rare differential diagnosis of progressive dyspnea

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A 57-year-old female presented with three days of abdominal pain and progressive dyspnea.

The initial computed tomography overview was highly suspicious of a pneumothorax on the left side. However, the subsequent CT diagnostic images showed a spontaneous tension enterothorax on the left side caused by a diaphragmatic defect in an atypical localization with displacement of the mediastinum to the right and compression of the heart. Large parts of the transverse and descending colon shifted into the thoracic cavity, causing total atelectasis of the left lung, colon perforation and subsequent coproempyema (Fig. 1).

Tension enterothorax is a rare differential diagnosis of pneumothorax and obstructive shock, in which the application of a thoracic drainage could be fatal.

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Compliance with ethical standards

Conflicts of interest

The authors declare that they have no conflict of interest.



Fig. 1 CT overview with suspected pneumothorax on the left (S). Left-sided tension enterothorax (red arrow) with displacement of the mediastinum to the right and compression of the heart (*). Total atelectasis of the left lung (#). Atypical diaphragmatic defect (+)

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