

# Incidence of Retained and Recurrent Hemothorax in Trauma Patients

Dyanna Melo MD., Daniel Cui BHSc., Mohammed Ahmed BSc., Laura Allen MSc., Amy Makish MN, NP., Brad Moffat MD, MSc., Richard Malthaner MD, MSc., Rahul Nayak MD, MSc., and Kelly Vogt MD, MSc.

## BACKGROUND

- Retained/Recurrent hemothorax (RH) after trauma is associated with development of an empyema, pneumonia and fibrothorax
- The incidence or retained of RH after hospital discharge has not been previously described in the literature

## OBJECTIVES

- Determine the incidence of RH in multisystem trauma patients after discharge
- Identify risk factors for development of RH after discharge

## METHODS

Thoracic and Splenic Trauma patients presenting to clinic between Jan 2022 – Dec 2023 **AND** received a CXR

↓  
EMR Review

- Comparison of D/C vs F/U CXR
  - Injury Details
  - Patient Demographics

↓  
Comparison of patients that did and did not require a chest tube reinsert for RH

## METHODS CONTINUED

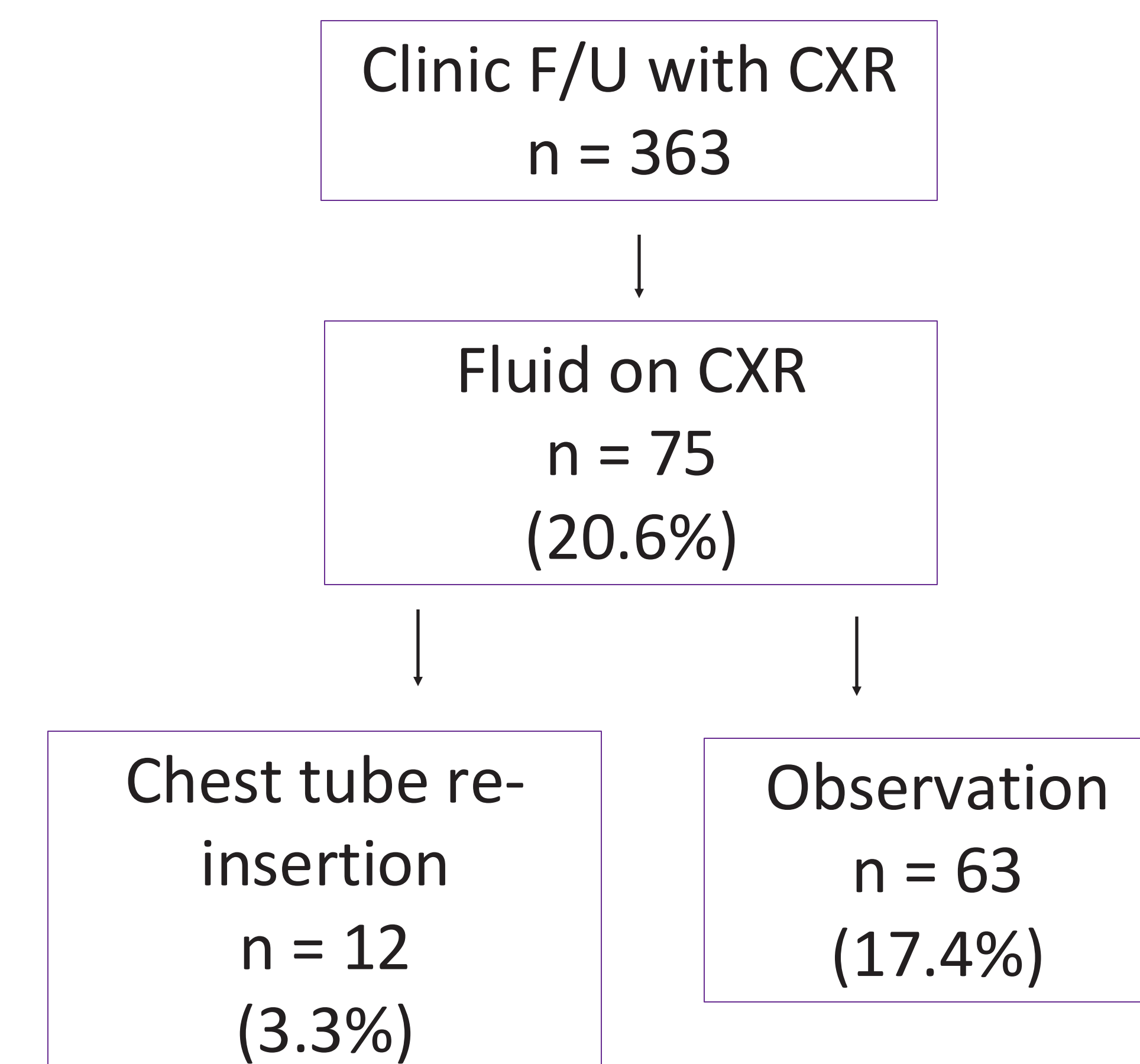
- Univariate analysis comparing patients who did and did not receive a chest tube
- Logistic regression to identify risk factors for chest tube reinsertion based on clinical predictors from the literature and variables identify in the univariate analysis ( $p < 0.1$ )

## RESULTS

Patient Demographics	Chest Tube Reinserted	No Reinsertion	p-value
Total	12	351	-
Male Sex, n (%)	8 (66.7)	233 (66.4)	0.984
Age, mean (SD)	59 (19.1)	51 (20)	0.177
ISS, median [IQR]	17 [14-20.5]	14 [10-22]	0.641
History of HF (%)	2 (16.7)	6 (1.7)	< 0.001
History of COPD (%)	1 (8.3)	12 (3.4)	0.368
Anticoagulation, n (%)	2 (16.7)	18 (5.1)	0.085

Factor	Odds Ratio	Confidence Interval (95%)	
		LOWER	UPPER
Age	0.997	0.962	1.033
Heart Failure	7.308	0.754	70.848
Anticoagulation	1.710	0.206	14.195
Effusion on Discharge CXR	5.028	1.397	18.091

## RESULTS CONTINUED



## CONCLUSIONS / LIMITATIONS

- Effusion on discharge CXR was associated with a 5X increased risk of developing RH
- No patients developed any complications of RH
- Data is unique to trauma in our area (mainly blunt trauma)
- Underpowered to identify risk factors due to low number of chest tube insertions

## REFERENCES

- Richardson JD, Miller FB, Carrillo EH, Spain DA. COMPLEX THORACIC INJURIES. *Surgical Clinics of North America*. 1996;76(4):725-748. doi:10.1016/S0039-6109(05)70477-1
- Zeiler J, Idell S, Norwood S, Cook A. Hemothorax: A review of the literature. *Clin Pulm Med*. 2020;27(1):1-12. doi:10.1097/CPM.0000000000000343
- Broderick SR. Hemothorax. *Thorac Surg Clin*. 2013;23(1):89-96. doi:10.1016/j.thorsurg.2012.10.003
- Prakash PS, Moore SA, Rezende-Neto JB, et al. Predictors of retained hemothorax in trauma: Results of an Eastern Association for the Surgery of Trauma multi-institutional trial. *Journal of Trauma and Acute Care Surgery*. 2012;11-24. doi:10.1097/TA.0b013e318242e368
- DuBose J, Inaba K, Demetriades D, et al. Management of post-traumatic retained hemothorax: A prospective, observational, multicenter AAST study. In: *Journal of Trauma and Acute Care Surgery*. Vol 72. ; 2012:11-24. doi:10.1097/TA.0b013e318242e368
- Kirchberg TN, Costantini TW, Santorelli J, Doucet JJ, Godat LN. Predictors of Readmission Following Treatment for Traumatic Hemothorax. *Journal of Surgical Research*. 2022;277:365-371. doi:10.1016/j.jss.2022.04.031