

◆ IMAGEN DEL NÚMERO

Solución del caso: Left sided thoracic compression through an accidental fall

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We decided to perform a contrast-enhanced ultrasound after intravenous bolus injection of 2.4 ml *SonoVue*[®] (mechanical index 0,07). We found a strait contrast defect at the medial part of the splenic parenchyma, which was interpreted as rupture (Figure 2). Because of these findings the patient underwent a modified laparotomy (left sided subcostal incision). The sonographic findings were confirmed and the splenic rupture could be adapted with fibrin. There were no problems in the postoperative course.

This case demonstrates, that an early splenic rupture may not be detected with B-mode ultrasound, because of similar echogenicity of parenchyma and fresh blood. With contrast-enhanced ultrasound these ruptures can be diagnosed because the destructed splenic parenchyma is not vascularised. Therefore, contrast-enhanced ultrasound is a valuable procedure for patients with thoracic and abdominal traumas.

Figure 2. Contrast-enhanced ultrasound.

