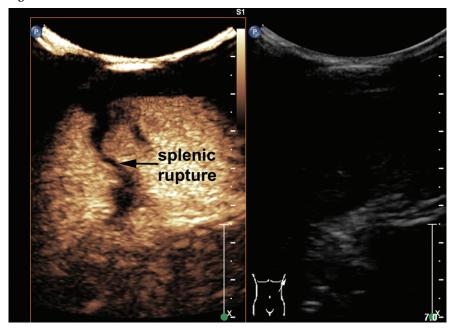
♦ IMAGEN DEL NÚMERO

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

Viene de la página 186

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

Figure 2. Contrast-enhanced ultrasound.



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 valuably procedure for patients with thoracic and abdominal traumas.