



G. J. Belham



M. Adler

### CASE REPORT PNEUMOTHORAX IN A BOXER

G. J. BELHAM, MA, MB, BChir\* and M. ADLER, MRCP†

\**Cardiothoracic Surgical Registrar, The Middlesex Hospital, London, W1*

†*General Medical Practitioner, Belmont Health Centre, Harrow*

Traumatic pneumothorax (in association with rib fracture) and spontaneous pneumothorax are both well recognised conditions (Chester et al, 1982; Getz et al, 1983; Wilson, 1970; Mills and Baisch, 1965). Pneumothorax may occur after blunt abdominal trauma when the diagnosis may be difficult radiologically but is suggested by rib fractures (Wall et al, 1983).

We report a case of pneumothorax following abdominal trauma in a boxer with minimal symptoms and no evidence of rib fracture.

#### HISTORY

A previously healthy, non-smoking, twenty-three year old male professional boxer was struck severely in the left loin during a bout. He won his contest after a further three rounds but then complained of some poorly localised pleuritic left chest pain since the delivery of the blow but distinct from the discomfort at the site of impact. At that time there were no abnormal physical signs and he was referred to the Accident Department of The Middlesex Hospital. On his arrival his only persisting symptom was left loin discomfort.

#### EXAMINATION

He was a fit well-looking young man without dyspnoea or cyanosis. There was mild tenderness of the left loin and slight, poorly localised, left chest discomfort on maximal inspiration. Physical examination in general and of the chest in particular

was otherwise unremarkable, even on reassessment following chest radiography. There was complete absence of rib tenderness or pain on springing the chest. He was mildly pyrexial — 37.5°C — and urine examination showed traces of both protein and blood.

#### INVESTIGATION

Chest X-ray showed a small apical and lateral pneumothorax with no evidence of rib fracture.

#### MANAGEMENT

He was admitted to hospital for observation and remained well. His pain, proteinuria and haematuria, presumably due to minor renal haemorrhage, settled within twenty-four hours. Serial chest X-rays at twenty-four and forty-eight hours showed minimal resolution of his pneumothorax and no new evidence of rib fracture. He was discharged for out-patient follow-up and his pneumothorax subsequently resolved spontaneously and he remained well.

#### DISCUSSION

Closed traumatic pneumothorax typically occurs in association with rib fracture when these diagnoses may be made easily both clinically and radiologically. We draw attention to this case as illustrating the ease with which pneumothorax may be overlooked when symptoms are mild and transient and the usual physical signs absent.

In this case the definite history of pleuritic pain, although mild and transient, alone led to the diagnosis.

The injury should be considered particularly in boxers and others subjected to direct blows, even where these do not involve the chest, and be excluded radiologically if there has been pleuritic pain despite the absence of abnormal physical signs.

The demonstration of this injury is clearly important not only for its immediate management but also for its implications in advising the timing of a return to body contact sport.

#### ACKNOWLEDGEMENT

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#### References

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#### CORRESPONDENCE

Nonington College,  
Nonington,  
Dover,  
Kent CT15 4HH

To the Editor:  
Dear Sir,

#### SPORT FOR THE ELDERLY AND THE DISABLED

I read with interest your Treasurer's Report for the BASM and the questions it asked towards the end of page 1. Perhaps the Association could send a questionnaire to members to discover the areas of expertise that the Association has in its midst.

Here at Nonington I am responsible for the work we do

with the physically and mentally disabled and the elderly. These are my specific areas of specialism. Each week we have over 100 disabled and 300 elderly into College — a specialist Physical Education College — to develop their physical skills in a variety of activities Badminton, Tennis, in the Gym, but especially in the pool. We service the whole of the East Kent area.

I would be very happy to share my thoughts, expertise, comments, and knowledge with others for what we have here is unique.

Yours faithfully,

Jean A. MACHEATH

Will anyone who is interested, or has similar experience to offer or share, please contact the writer — Editor.