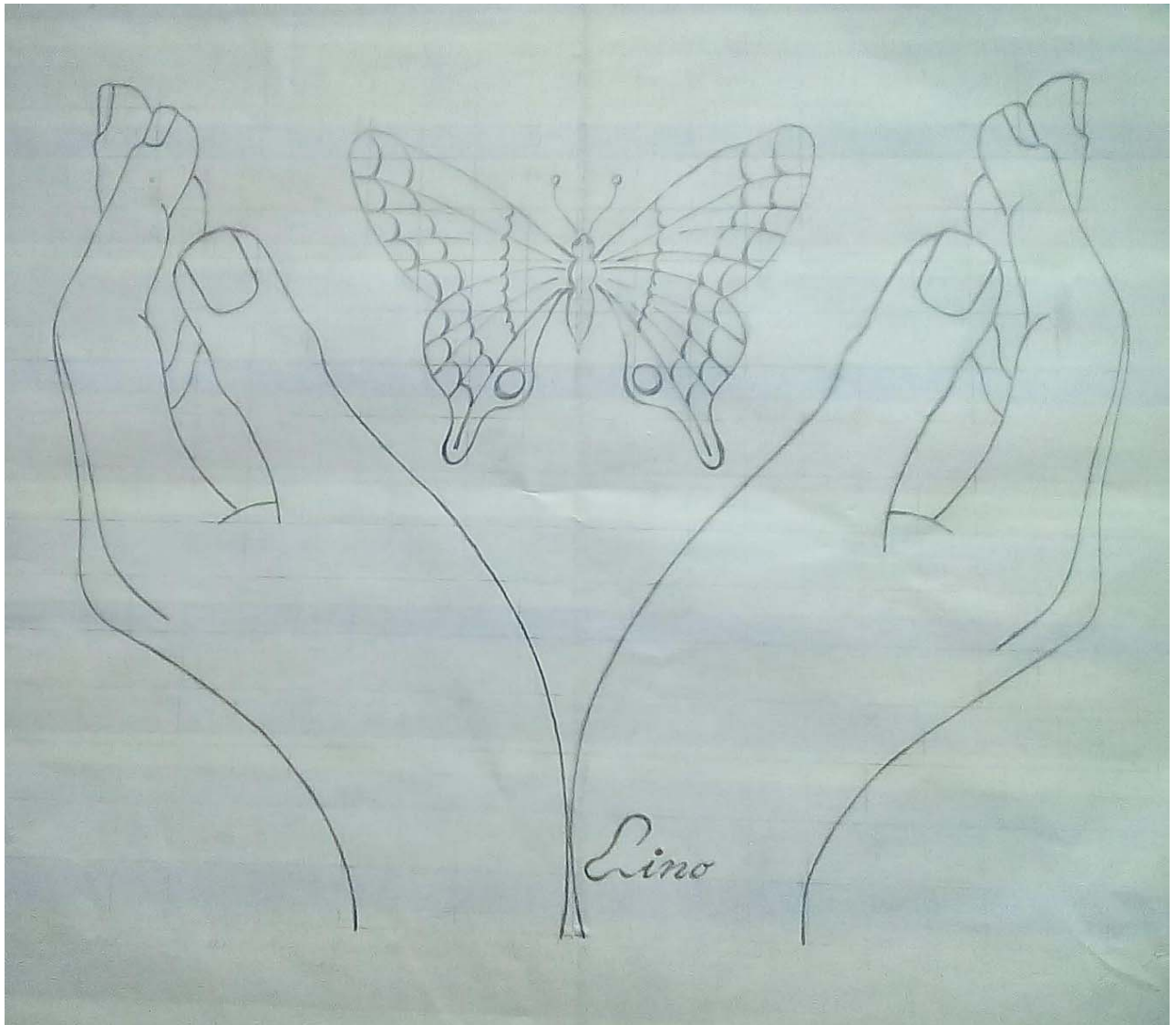


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## **The passim project: Trauma and multiple lacerations or contusions.**

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**\* PASSIM PROJECT: CAVALIERI DI MALTA, ITALY**

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**KEYWORDS: passim project, Trauma, multiple lacerations, contusions**

### **CASE REPORT**

On 01/09/2020 at 11:20 NEMO 9 took off from the Syracuse airport. Once arrived at the accident area, the air emergency crew lowered the operator assigned to sea rescue for the recovery of an injured subject located inside of a cave near the port of Syracuse. Mr. V.G. born on 03/07/1966, reported to have accidentally fallen into the sea and found shelter from the tide inside the cave.

Promptly assisted, the vital parameters reported in table 1 were assessed and the subject V.G. was hoisted aboard the helicopter. In coordination with the air ambulance, the rescue team operating on the ground promptly identified the roof of the cave as a recovery area for the helicopter rescue. Subsequently, the injured subject was lowered in pairs and moved onto the ambulance already positioned on the roof of the cave. Transferred by ambulance, the injured subject was sent to the hospital for diagnostic tests and necessary care. The patient appears alert, well-oriented and cooperative during the flight. Asked about his medical history, the patient denies diabetes and cardiovascular diseases. He does not report any ongoing therapy. A rapid Covid-19 test was performed: the result was negative.

Subsequently, the patient was transported by ambulance to the emergency room of the Syracuse hospital.

Personnel and naval units from both the fire department and the port authority were present on site.

Blood tests performed in the emergency room were within normal limits. The electrocardiogram was normal for his age.

Total body CT reported:

- Skull: no fracture lines involving the skull.

- Thorax: ground-glass areas with air bronchogram between the apical and anterior segments of the right upper lobe and the posterior segment compatible with aspiration phenomena, inflammatory consolidations or contusive areas. Opacity with a centrilobular and peribronchovascular distribution more evident in the right upper lobe and in the middle lobe. Dysventilatory areas in the dorsal segments of the lower lobes. Dysventilatory streaks in the basal pyramids and in the lower lingular segment. Inhomogeneous material in the dependent portion of the right main bronchus. No layer of pneumothorax. Compound fractures of the anterior arches of 2, 3, 4 5 ribs on the right, near the costochondral joint.

- Abdomen: no traumatic lesions involving the liver and the spleen. Presence of an enlarged spleen. No extravascular leak in the endoperitoneal area. No traumatic lesions affecting the vertebral segments and pelvic bones. Presence of balloon catheter in the endovesical site.

Mr. G.V. was subsequently transferred to the general surgery department of the Umberto I hospital in Syracuse, and admitted for chest trauma.

The patient underwent medical therapy in the general surgery department with symptomatic improvement. Patient G.V. was discharged on 9/9/2020 (after 8 days of hospitalization), with a diagnosis of thoracic trauma with multiple rib fractures affecting the right hemithorax. A thorax radiography and an abdomen ultrasound 10 days after hospital discharge was recommended, followed by absolute rest and abstention from any activity that may induce microtrauma.

Chest X-ray after 10 days showed hypoexpansion of the right costophrenic sinus; fibrodisventilatory striae in the ipsilateral area; enlarged heart with a prevalence of right sections; calcific aortosclerosis.

The abdominal ultrasound showed no free effusions in the abdomen. No evidence of traumatic lesions affecting the liver, kidneys and spleen. Bladder with regular walls.

**TABLE**

	<b>Registered data</b>	<b>Normal value</b>
<b>Arterial blood pressure (mmHg)</b>	115/85	120/80
<b>Respiratory Rate (acts/min)</b>	21	10-15
<b>State of consciousness</b>	Present	Present
<b>O2 blood Saturation (%)</b>	99	> 95
<b>Body Temperature (°C)</b>	36,3	< 37,5

**Tab. 1:** Parameters recorded at the time of rescue intervention.

**FIGURE**



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