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A tall, thin 27 yr old male presents with sudden onset of right pleuritic chest pain. He flew back from Australia last week. A CXR has been performed. He has no PMH and is on no medication.

1. What is the differential diagnosis?

1 mark

Pneumothorax, PE, infection, musculoskeletal 1 mark for >2

PART A: Assuming his CXR shows a pneumothorax

2. Under what circumstances, under BTS guidelines, would you

a)manage him conservatively

not SOB and rim of air < 2cm

b)Aspirate his pneumothorax

 $SOB \ or \ Rim \ of \ air > 2cm$

c)Insert a chest drain

3 marks

2x aspiration unsuccessful

3. If you had attempted aspiration but a repeat film showed a persisting pneumothorax, when would you re aspirate and when would you insert a chest tube?

2 marks

PART B: Assuming his CXR was normal,

4. What non-radiological investigations are available?

1 mark

D-Dimer, FBC

5. Name 3 radiological investigations available

2 marks

Q Scan, Spiral CT, Pulmonary angiography