Spontaneously breathing patients get tension pneumothoraces

The recently published correspondence by Simpson is welcomed in so far as it correctly highlights some issues concerning tension pneumothorax. First, we did not state that case definitions of tension pneumothorax are of limited use because measurement of IPP is impractical, and hypotension occurs uncommonly in spontaneously breathing patients. We therefore like to rehighlight a clinical definition for tension pneumothorax as being ‘a pneumothorax that results in significant respiratory or haemodynamic compromise (the latter especially in ventilated patients) that reverses on thoracic decompression alone’.2

While acknowledging that ventilated patients usually present at the point of decompression, in contrast to spontaneously breathing patients who normally present during a variable period of compensation, we believe that the term ‘tension pneumothorax’ should continue to be used for both conditions. The one word ‘tension’ immediately alerts the clinician to potential decompression and the need for expedient investigation (ie, radiography or ultrasound) and/or thoracic decompression.

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