



1



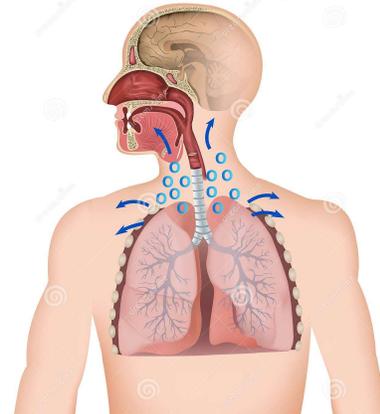
2

## ***Subcutaneous Emphysema***

### **Presence of air in subcutaneous tissue**

- **Cause:** Penetrating or blunt injuries that disrupt lung and parietal pleura forcing air into the tissues of the chest wall; Infections or certain medical procedures
  - When palpating the skin, you will feel crepitus (cracking sound)
- **Complications:** Possibility of hypercapnia - too much carbon dioxide in the blood; Possibility of obstructed airway
- **Radiographic appearance:** Streaks or lucency within the soft tissue of the chest that outlines the muscle bundles
- **Technical considerations:** No need to change technique from normal, unless there is excessive air, then decrease
- **Prognosis:** If it is minimal, no treatment is necessary.
  - If air does not get absorbed, surgical resection is done to block off the source or air

### **Subcutaneous emphysema**

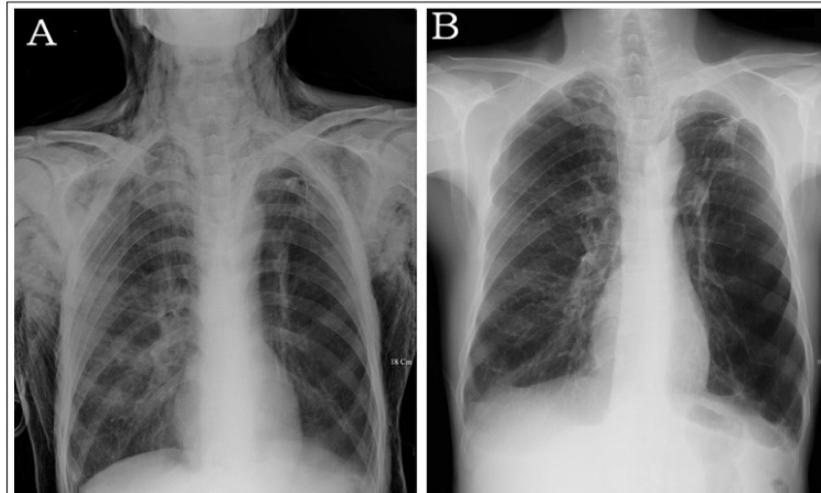


Subcutaneous emphysema occurs when gas or air travels under the skin and enter the head, neck, limbs, chest, and abdomen.

© dreamstime.com

ID 177705588 © medicalstocks

3



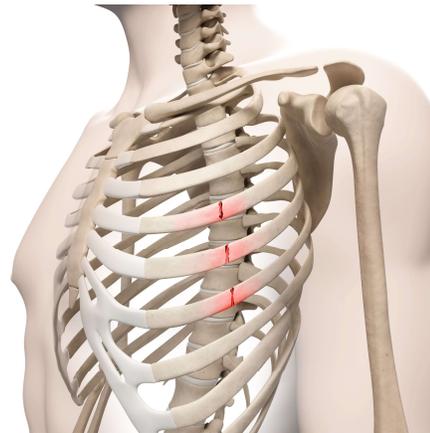
4



5

## ***Rib Fractures***

- **Cause:** Traumatic: Blunt injury most common cause  
Pathologic: Disease which weakens the bone tissue (ex. Cancer)
- **Complications:** Broken rib may penetrate soft tissue areas, organs
  - Necrosis of subcutaneous tissue if lacerated by fractured area
- **Radiographic appearance:** Fracture lines seen within rib
- **Technical considerations:** Neither additive or destructive, no technical factor change
- **Prognosis:** If minimal, will heal on own within 6 weeks
  - Further treatment required if broken rib penetrated soft tissues or organs

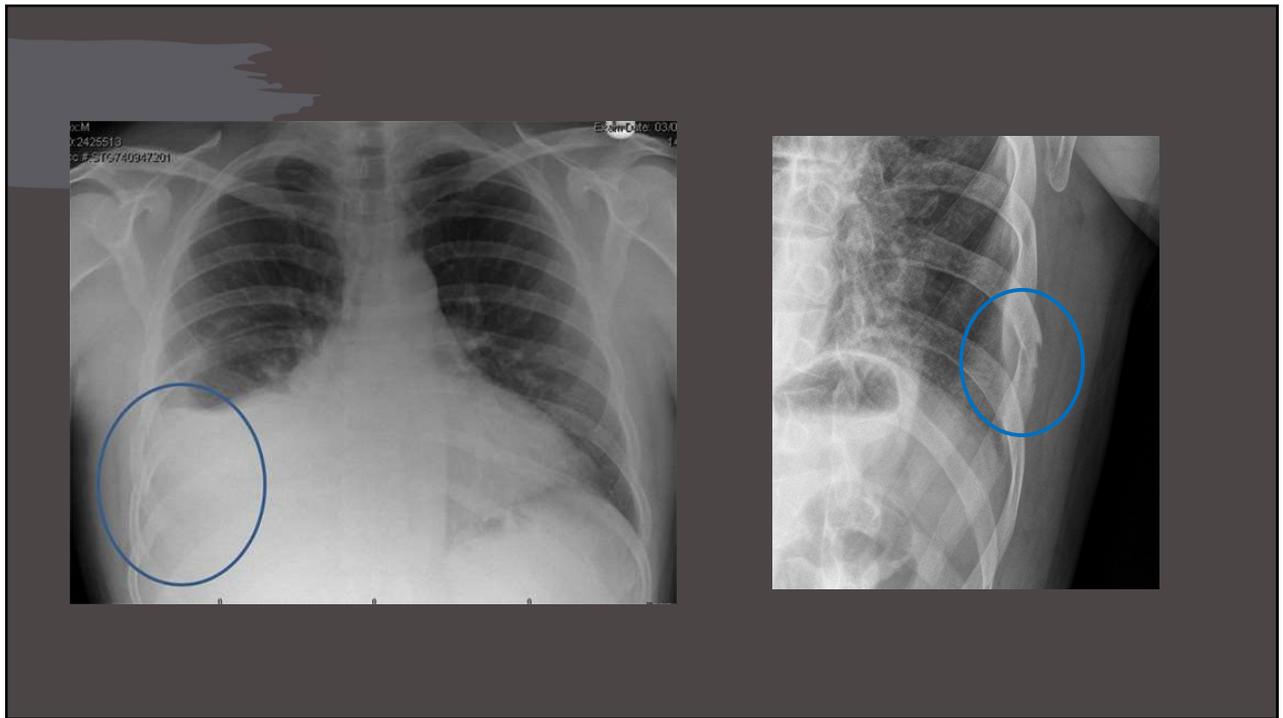


9/3/20XX

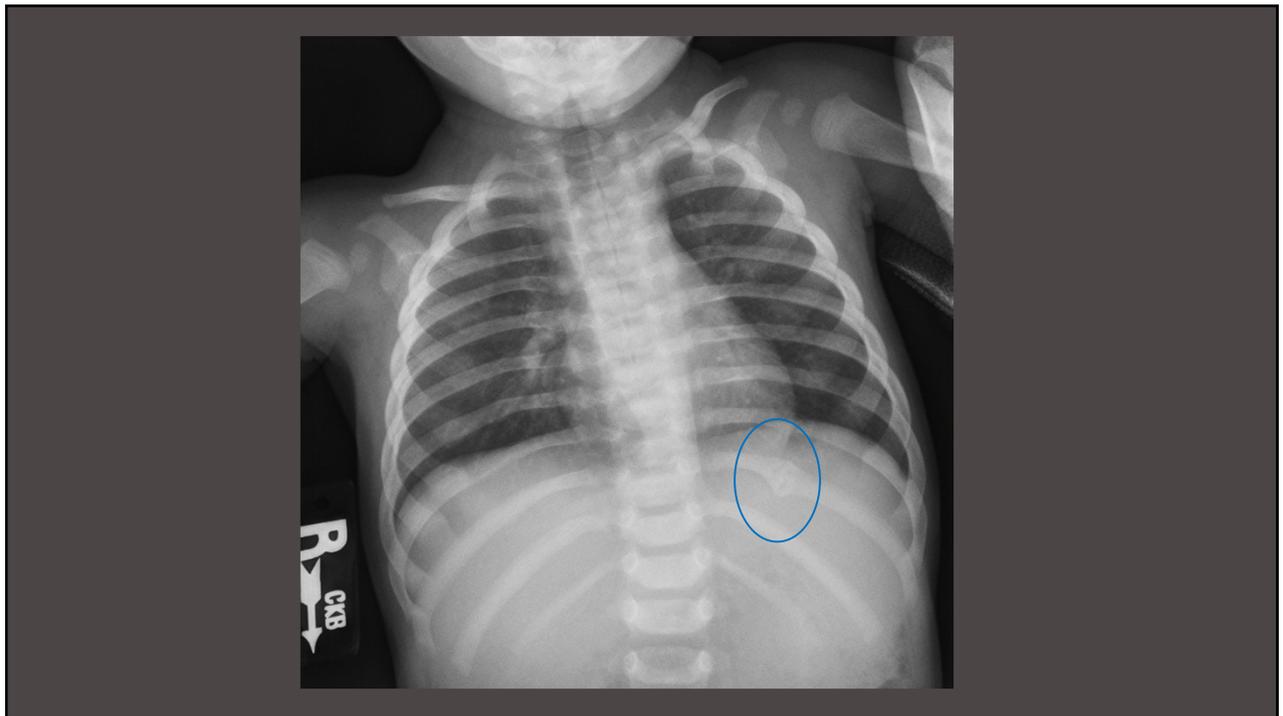
Presentation Title

6

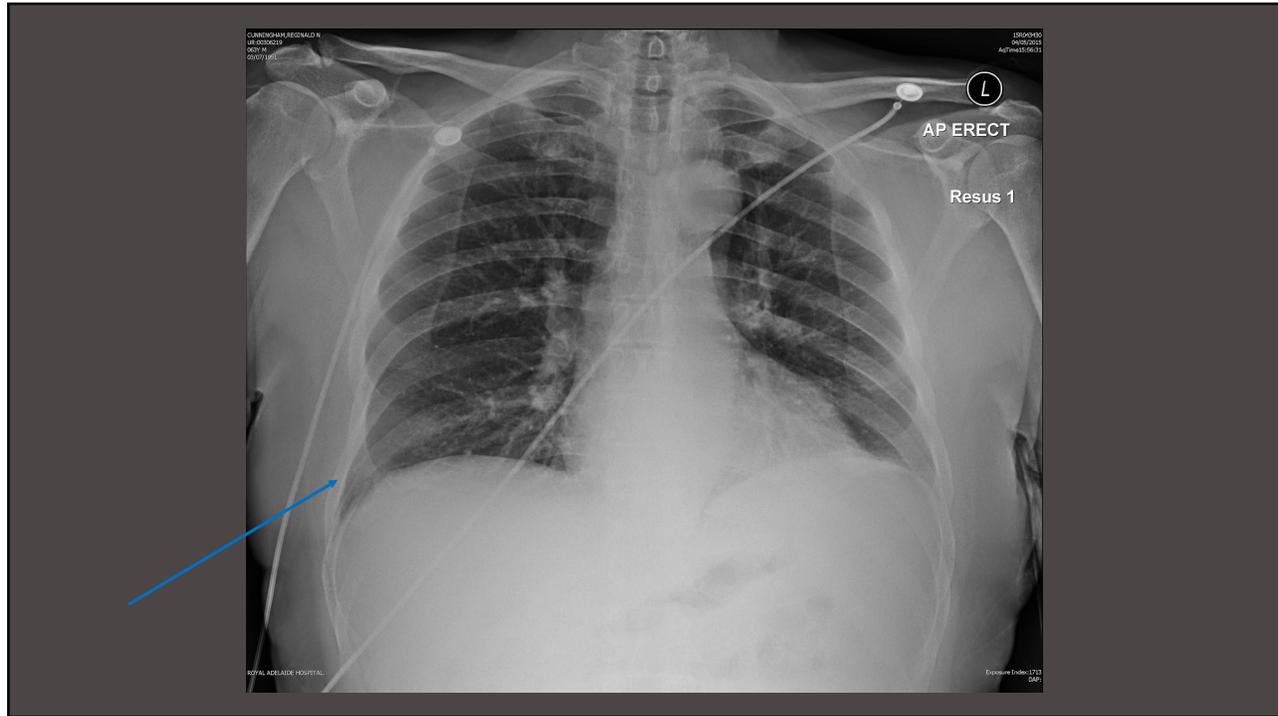
6



7



8

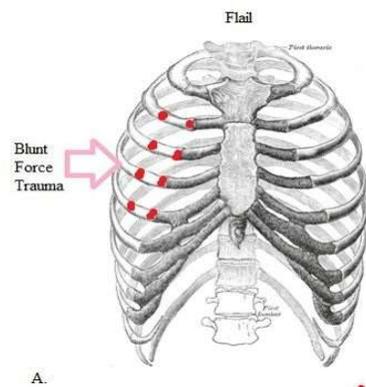


9

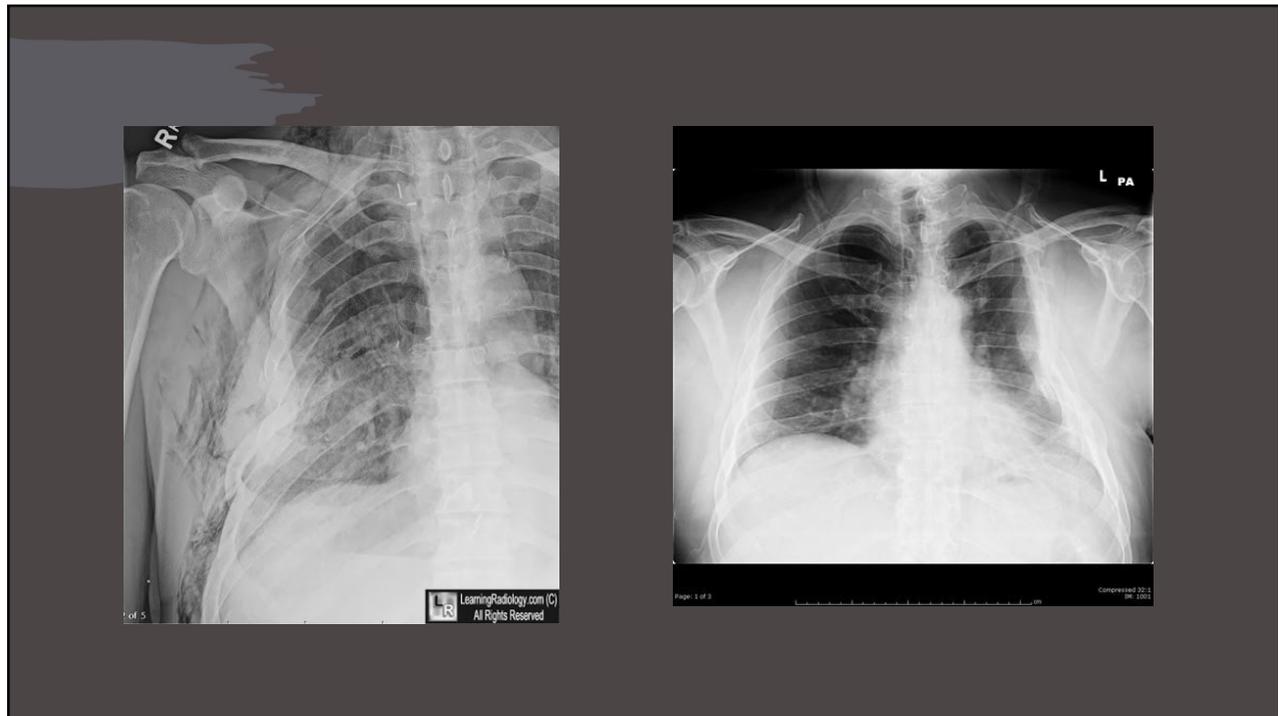
## Flail Chest

**Two or more contiguous rib fractures with two or more breaks per rib**

- **Cause:** Traumatic: Blunt injury
- **Complications:** Underlying pulmonary injury and instability of the chest wall
- **Radiographic appearance:** Fracture of adjacent ribs in two or more places
- **Technical considerations:** Neither additive or destructive, no technical factor change
- **Prognosis:** If minimal, will heal on own within 6 weeks
  - Further treatment required if broken rib penetrated soft tissues or organs, or if flail chest does not allow for full inspiration



10

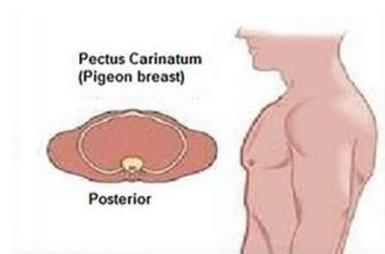


11

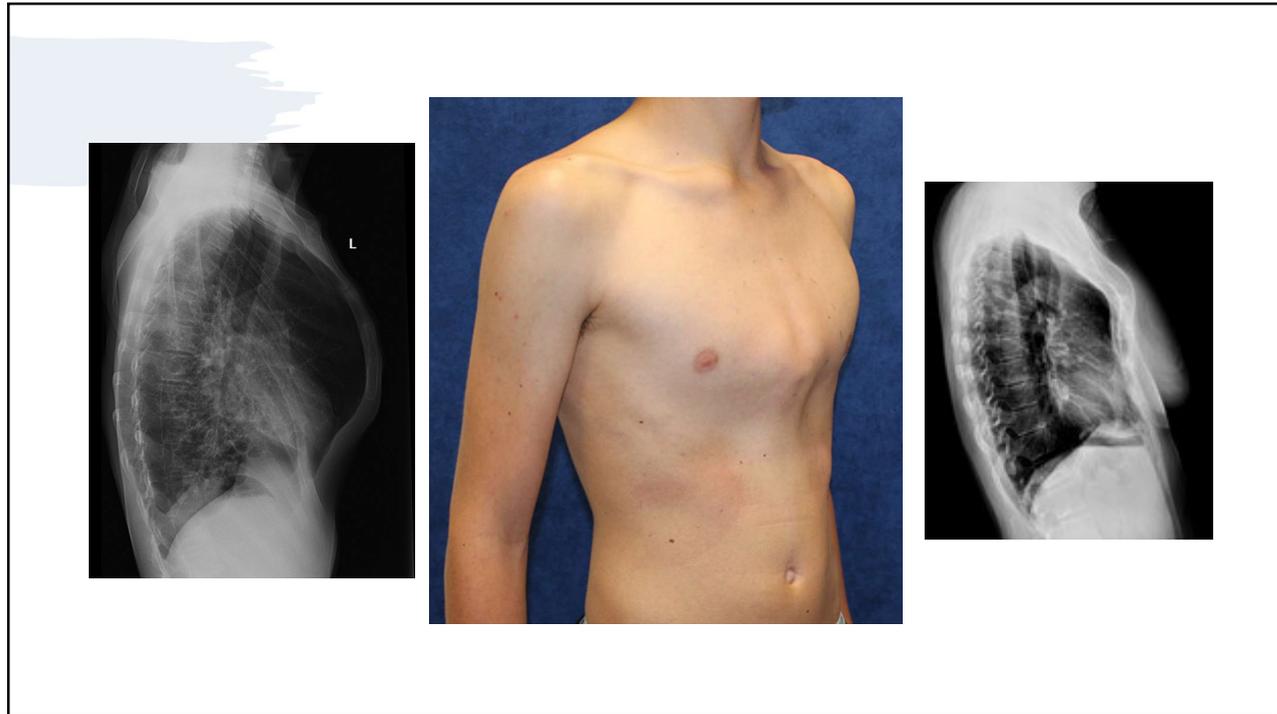
## ***Pectus Carinatum – Pigeon Chest***

**Uncommon birth defect in which a child's breastbone protrudes outward abnormally**

- **Cause:** Congenital defect
- **Complications:** Could lead to cardiopulmonary complications in rare cases
- **Radiographic appearance:** Anterior protrusion of the lower sternum and xiphoid process
- **Technical considerations:** Neither additive or destructive, no technical factor change.
- **Prognosis:** Excellent with use of a chest brace



12

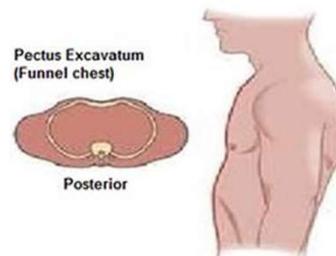


13

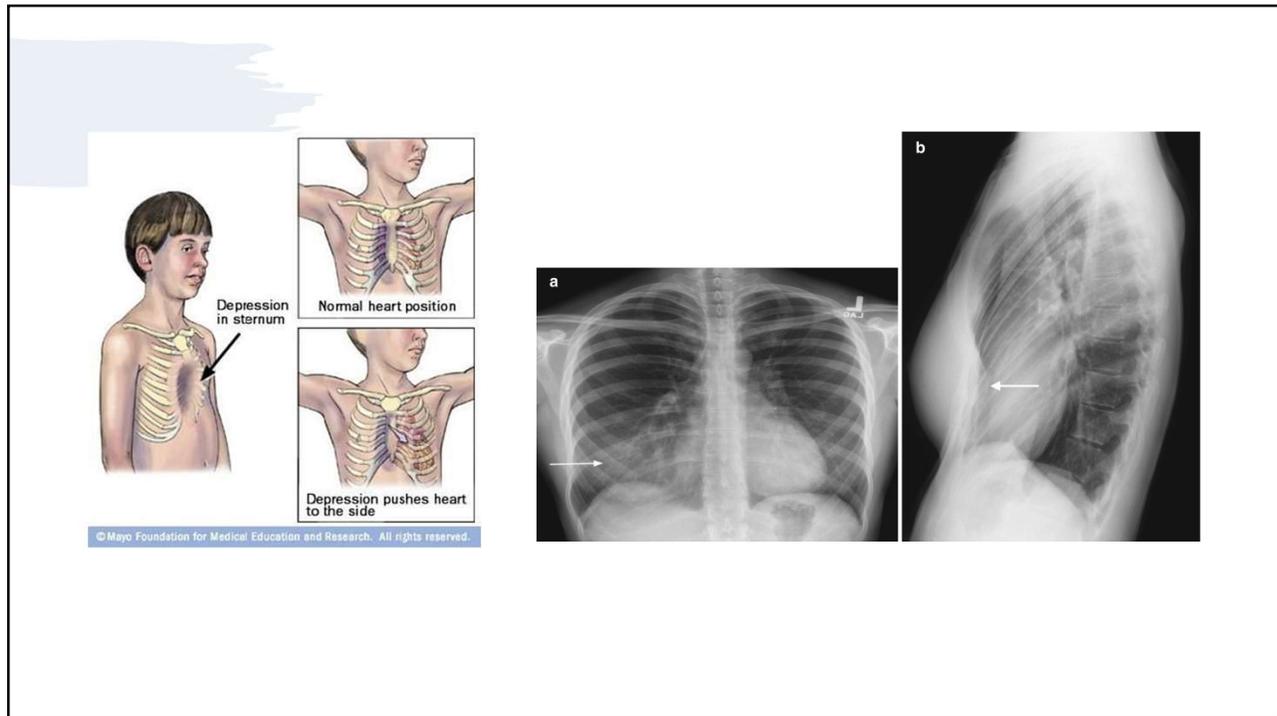
## ***Pectus Excavatum – Funnel Chest***

Condition in which the person's breastbone is sunken into the chest

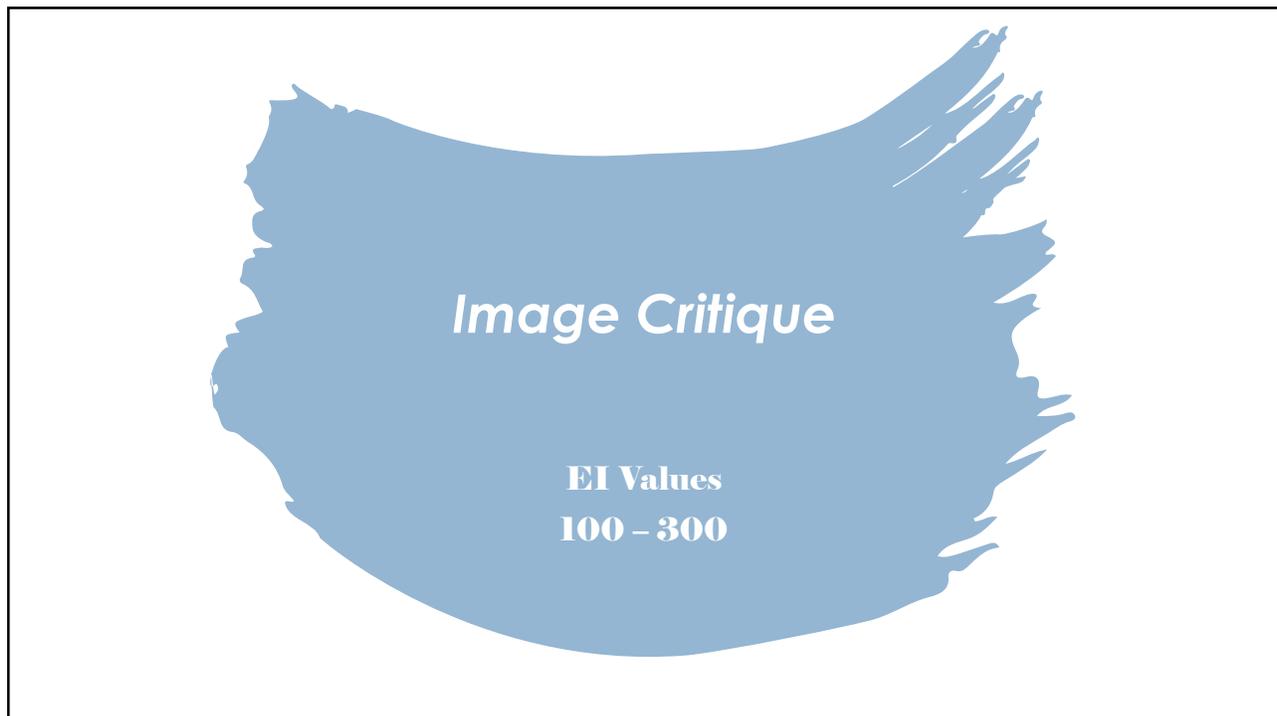
- **Cause:** Congenital defect
- **Complications:** Can put pressure on lungs and heart
- **Radiographic appearance:** Depressed sternum
- **Technical considerations:** Neither additive or destructive, no technical factor change
- **Prognosis:** Surgical correction usually for cosmetic reasons



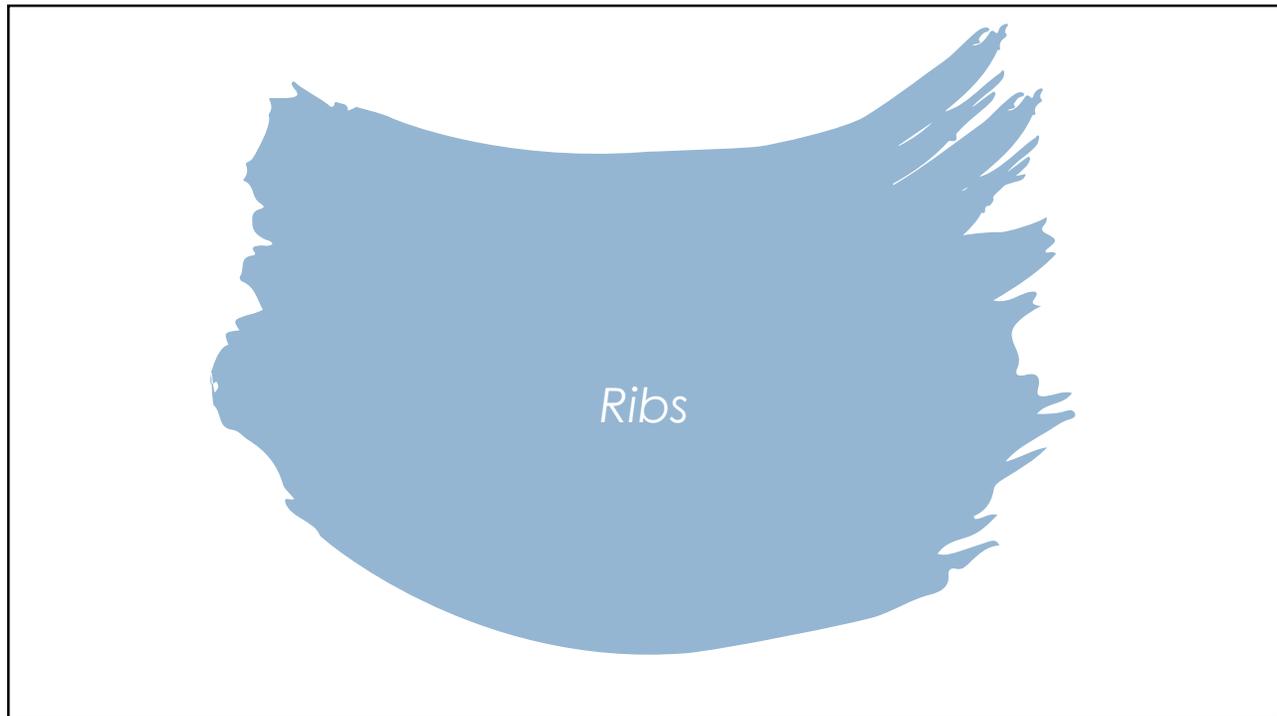
14



15



16



17

RH protocol -  
Annotate  
"ERECT"

## ***Ribs – AP/PA Unilateral***

- Evidence of proper collimation and presence of side marker placed clear of anatomy of interest
- First through approximately ninth ribs visible above the diaphragm for upper ribs
- Eighth through twelfth ribs visible below the diaphragm for lower ribs
- Ribs visible through the lungs or abdomen according to the region examined
- No rotation

**Anterior Rib Pain = PA**  
**Posterior Rib Pain = AP**

18



19



20



21



22

RH protocol  
Annotate  
"ERECT"

## Ribs – AP/ PA Bilateral

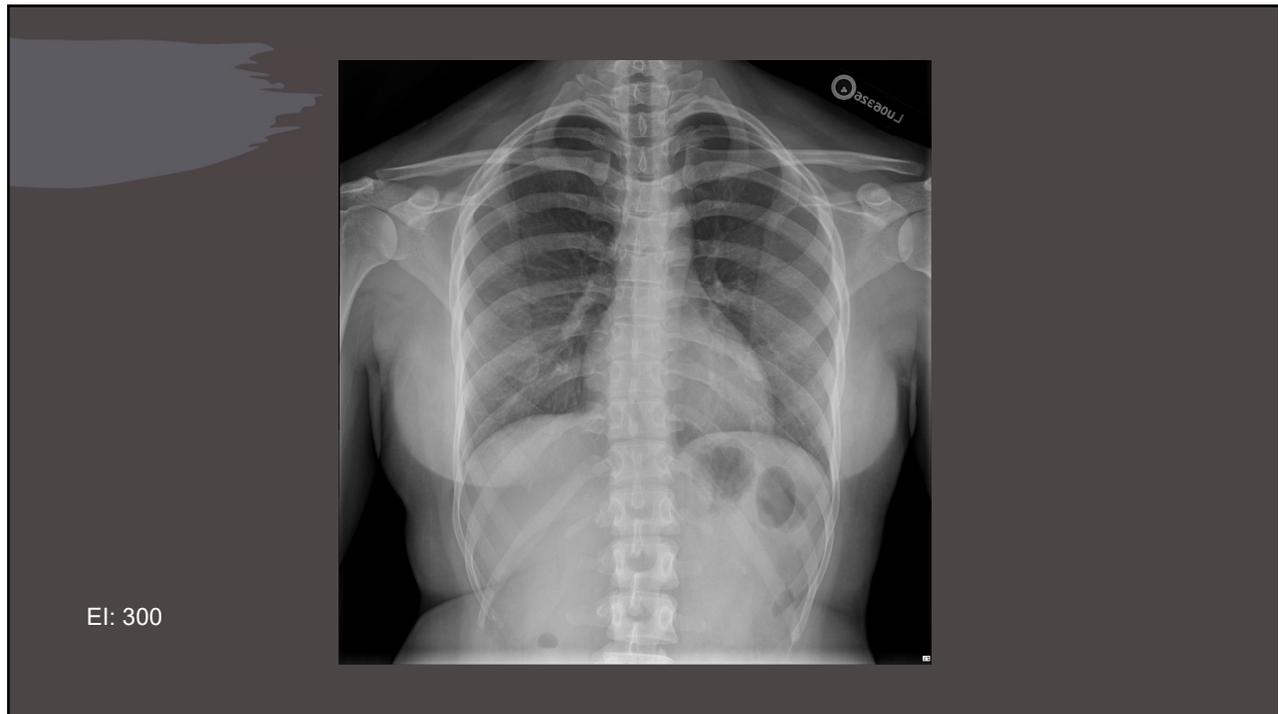
- Evidence of proper collimation and presence of side marker placed clear of anatomy of interest
- First through approximately ninth ribs visible above the diaphragm for upper ribs
- Eighth through twelfth ribs visible below the diaphragm for lower ribs
- Ribs visible through the lungs or abdomen according to the region examined
- No rotation

Anterior Rib Pain = PA

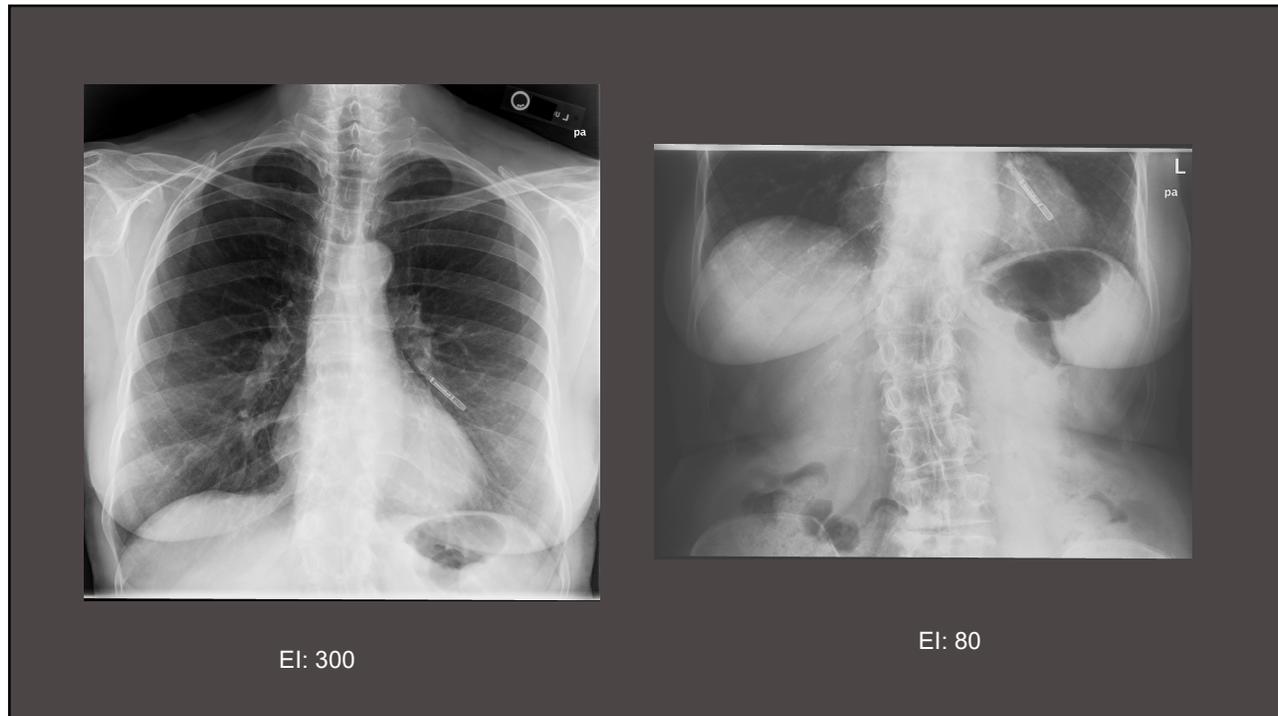
Posterior Rib Pain = AP



23



24



25

**RH protocol - Annotate "ERECT"**

## ***Ribs – AP or PA oblique Unilateral***

- Evidence of proper collimation and presence of side marker placed clear of anatomy of interest
- Axillary portion of the ribs free from superimposition with the thoracic spine
- First through approximately ninth ribs visible above the diaphragm for upper ribs
- Eighth through twelfth ribs visible below the diaphragm for lower ribs
- Ribs visible through the lungs or abdomen according to the region examined
- Ribs of interest will be elongated compared to AP/PA

**If initial image PA – RAO/LAO**  
**If initial image AP – RPO/ LPO**




26



27



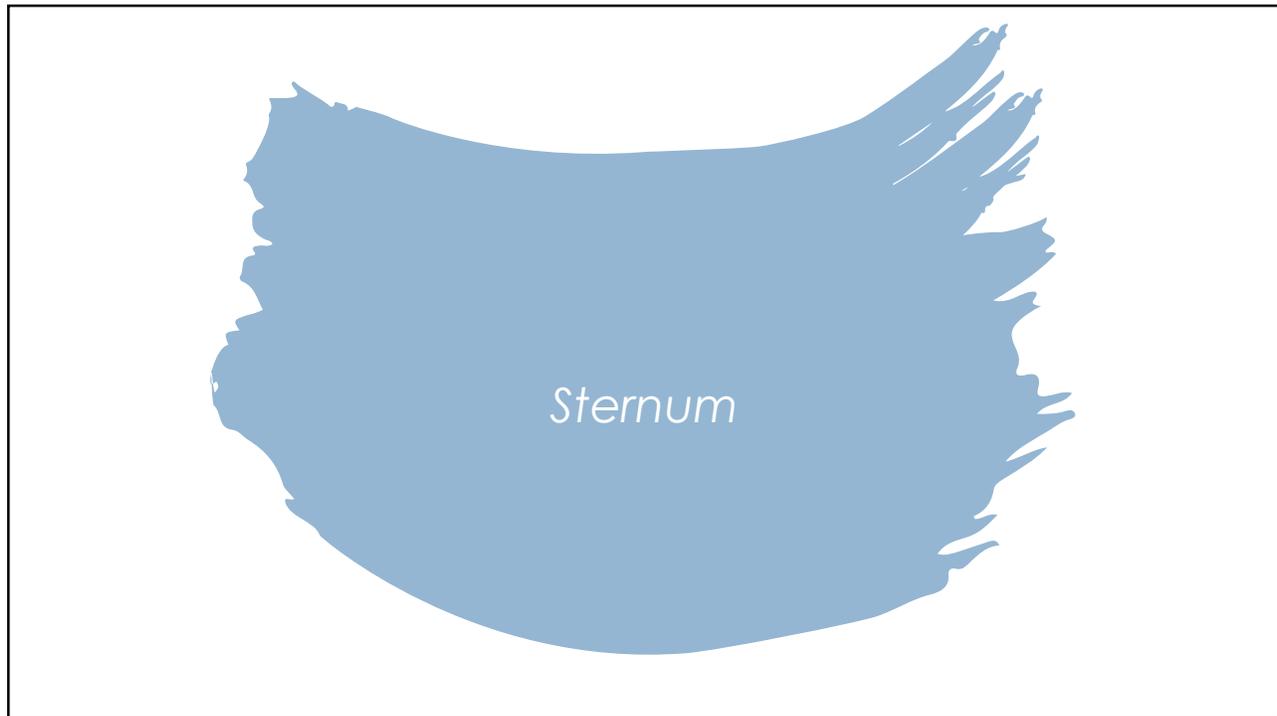
28



29



30



31

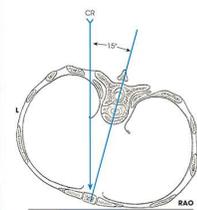
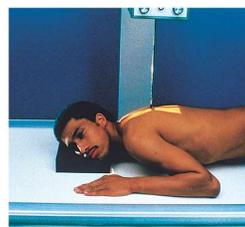
## ***Sternum - RAO***

- Evidence of proper collimation and presence of side marker placed clear of anatomy of interest
- Entire sternum from jugular notch to tip of xiphoid process
- Sternum projected over the heart, but free from superimposition from the thoracic spine
- Minimally rotated sternum and thorax
  - Sternum projected just free of superimposition from vertebral column
  - Minimally obliques vertebrae to prevent excessive rotation of sternum
  - Lateral portion of manubrium and sternoclavicular joint free of superimposition by the vertebrae
- Blurred pulmonary markings, if breathing technique is used
- Bony trabecular detail and surrounding soft tissues

**Merrill's:** For recumbent patients and unable to lie prone, obtain this projection with the patient in the LPO position, resulting in an AP oblique projection.



Copyright © 2019 by Elsevier Inc. All rights reserved.



Copyright © 2019 by Elsevier Inc. All rights reserved.

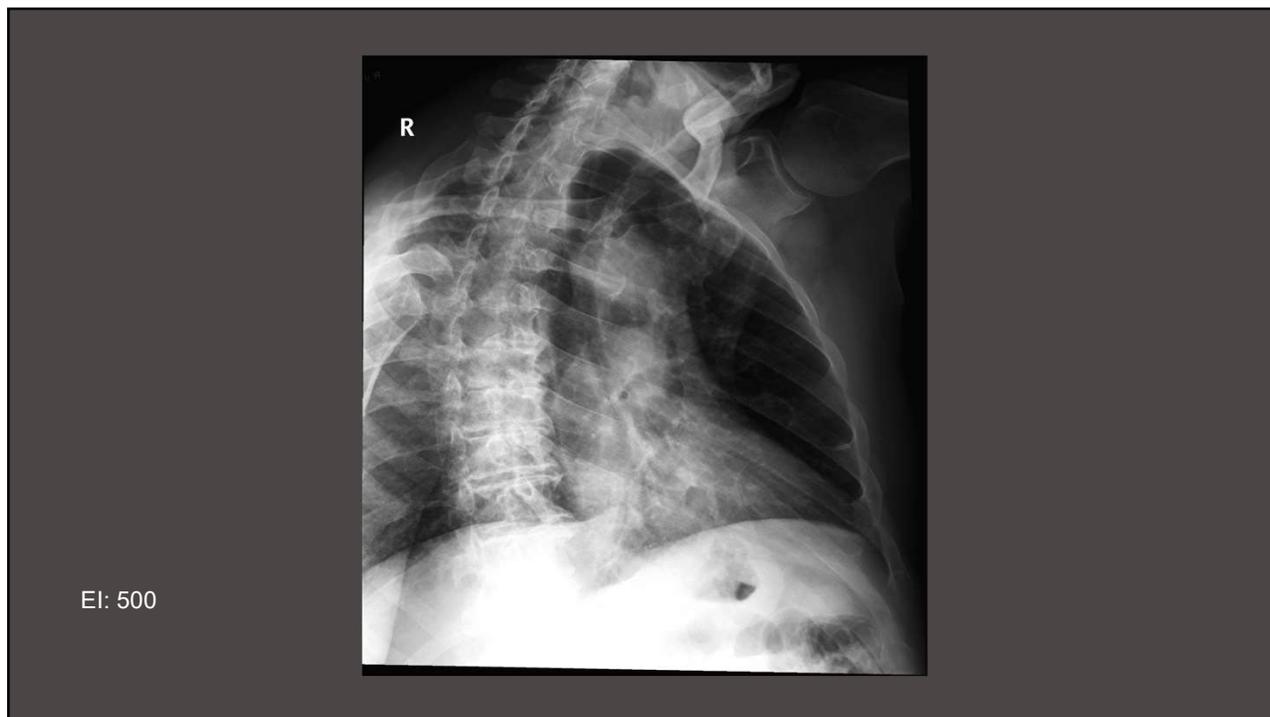
32



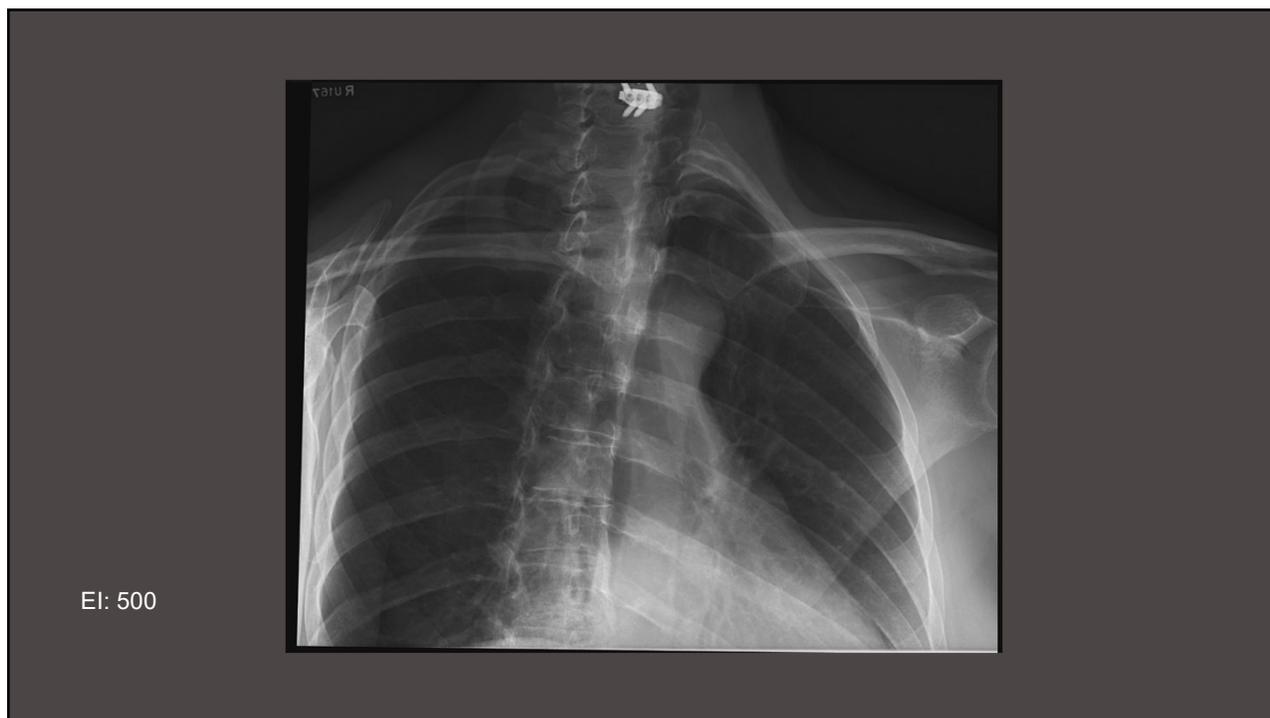
33



34



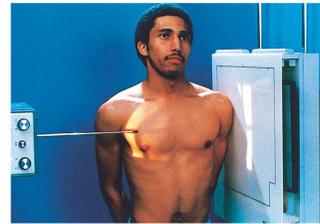
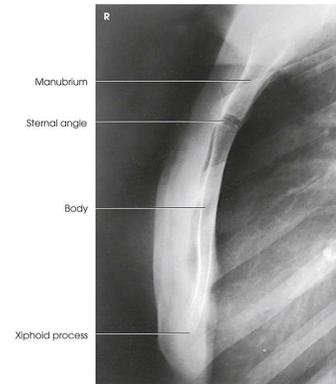
35



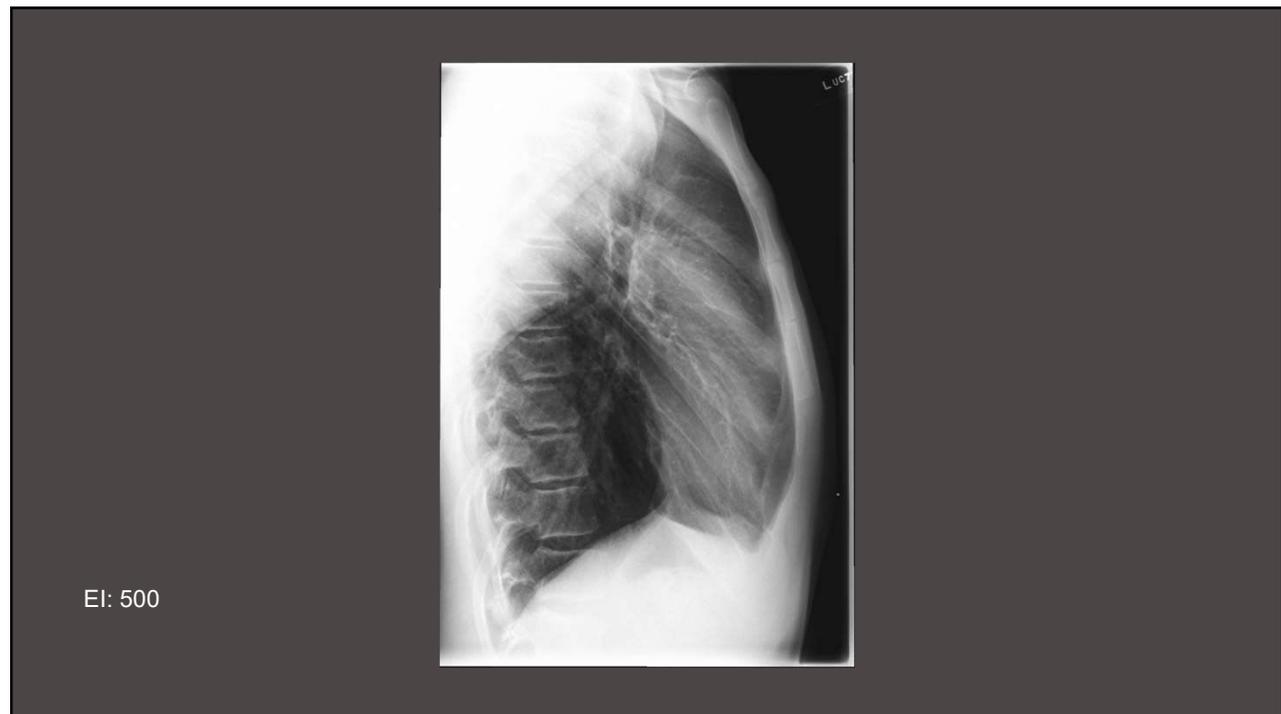
36

## ***Sternum –Left Lateral***

- Evidence of proper collimation and presence of side marker placed clear of anatomy of interest
- Sternum in its entirety
- Manubrium free of superimposition by the soft tissue of the shoulders
- Sternum is free of superimposition by the ribs
- Lower portion of the sternum unobscured by the breast of a female patient
- Bony trabecular detail and surrounding soft tissue



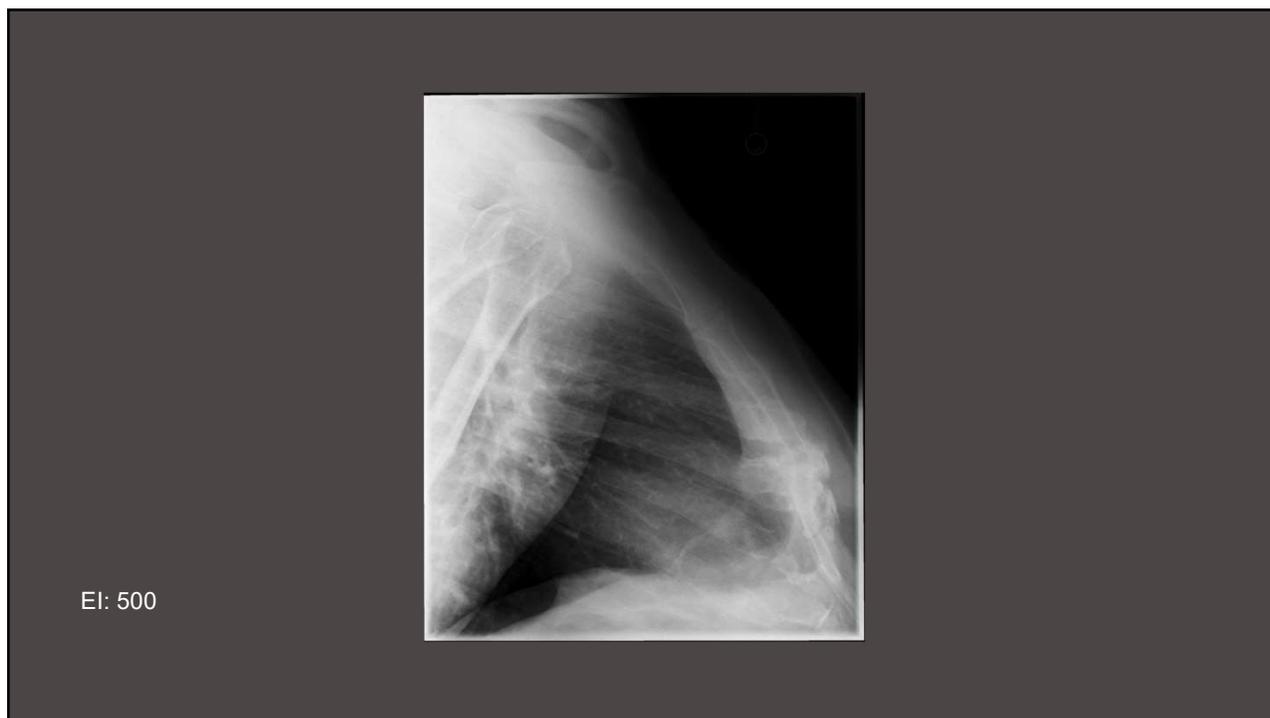
37



38



39



40