

# **An Uncommon Cause of Respiratory Distress: Ruptured Tension Gastrothorax**

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**Introduction.** A gastrothorax occurs when the stomach becomes displaced into the thoracic cavity and is typically associated with congenital diaphragmatic hernia (CDH). If this gastrothorax ruptures, air, fluid, food, and other stomach contents aggregate and can raise intrathoracic pressure, which can lead to respiratory distress, hemodynamic compromise, and cardiac arrest. Congenital diaphragmatic hernias are most commonly seen in children and diagnosed in utero but can be asymptomatic and found in up to 6% of adults later in life.

**Case Report.** Here, we discuss a case of a 69-year-old male who presented to the ED for evaluation of two days of generalized weakness and shortness of breath without associated upper respiratory symptoms. On physical exam, the patient was hemodynamically unstable with absent lung sounds on the left. A portable chest x-ray was obtained, and a chest tube was placed, which drained bilious fluid but did stabilize the patient. CT imaging revealed a ruptured gastrothorax with tension bilothorax, requiring emergency operative repair which was successful

**Discussion.** Gastrothorax is rare and presents similarly to other causes of tension physiology. It is important to consider a diaphragmatic hernia and gastrothorax in patients with respiratory distress as it can have drastic consequences if untreated or improperly treated. Additional procedural considerations include placing a chest tube in a higher rib space to avoid serious injury to the diaphragm, liver/spleen, or in this case, stomach.