# Pediatric Chest Emergencies

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TRAUMA & EMERGENCY RADIOLOGY

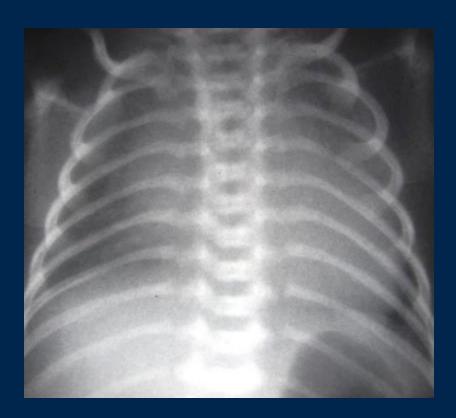


#### **Not Little Adults**

- Positioning challenging
  - Rotation can mimic or hide pathology
- Airway dynamics more evident
  - Airways small and easily obstructed



#### **Good Radiographs Are Essential**



- Upright images
- Straight
- Good inspiration



#### **Hyperinflated Lungs**

- Airway obstruction
  - Central (rare)
  - Diffuse peripheral
    - Infections
    - Asthma
    - Cystic fibrosis



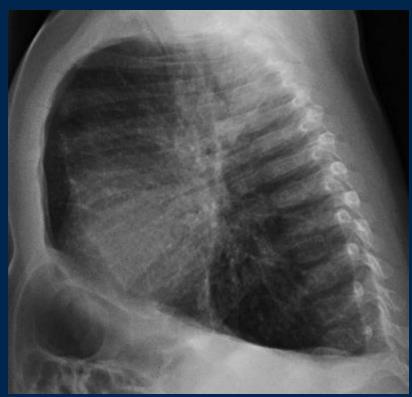


#### Viral Respiratory Infections

- Primarily tracheobronchial
- Wheezing air trapping
- Rales/crackles common
- Central peribronchial opacities (bilateral)

#### **Respiratory Syncytial Virus**



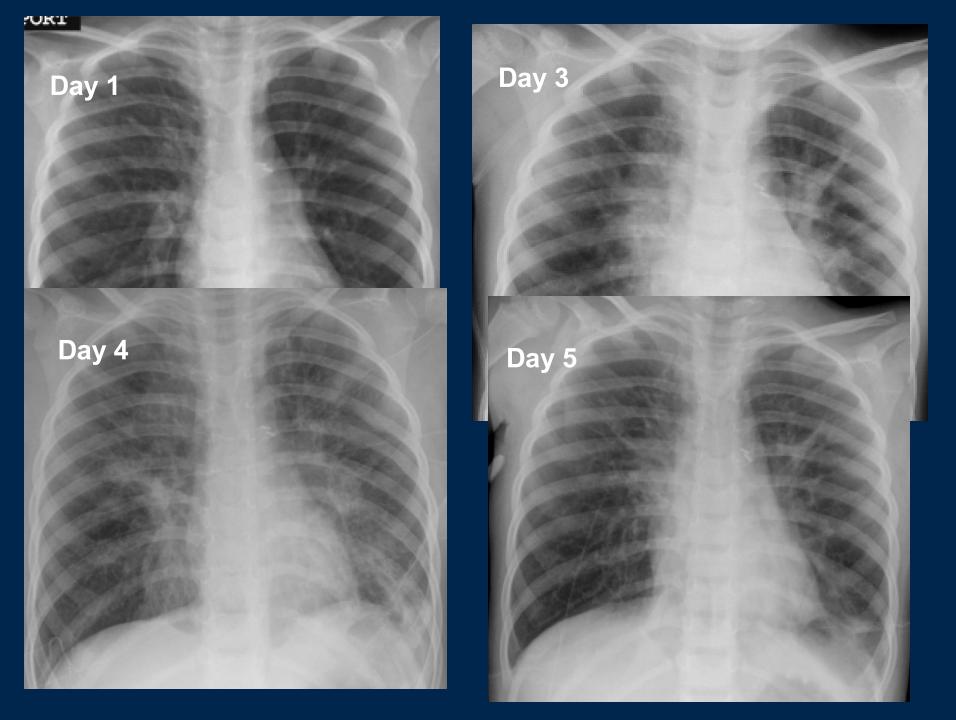


- Most common virus in children hospitalized for CAP in U.S.
- More common in children < 5 years</li>









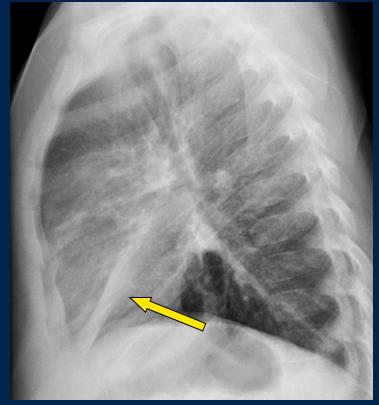


### **Bronchial Infections**

Viral
Pertussis
Chlamydia
Mycoplasma

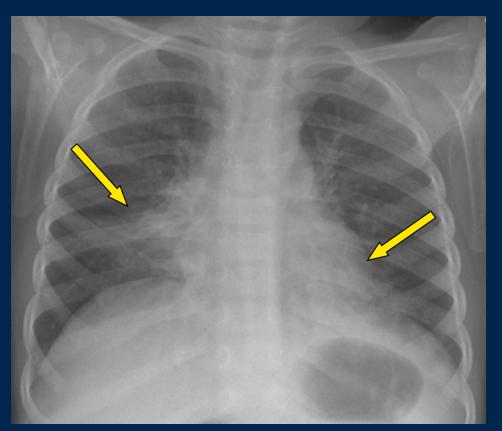
## Atelectasis is very common

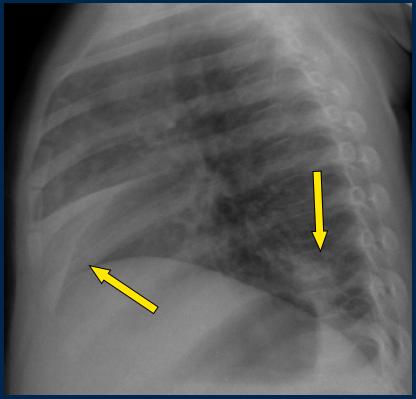




#### **Viral Infection with Atelectasis**

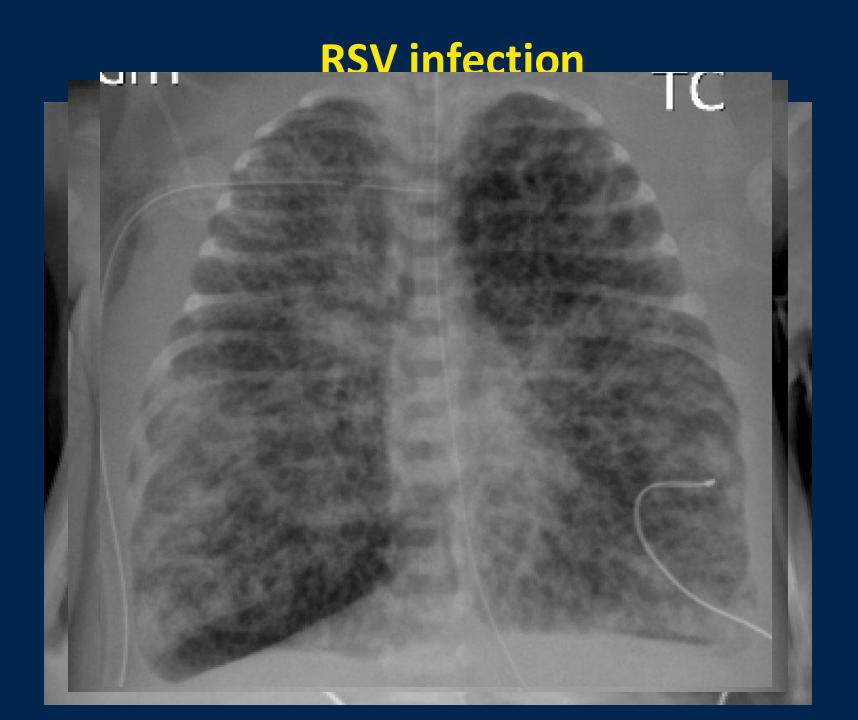
Multifocal linear or wedge shaped opacities





## Pneumonia – Opacity in "Clean" Lung

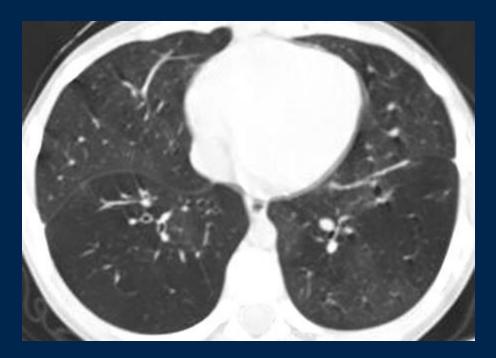




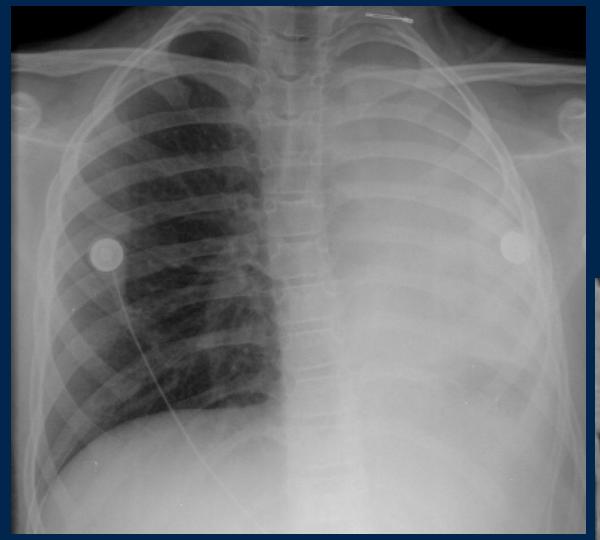
#### **Bronchiolitis Obliterans**

- Chronic air-trapping
- Few XR findings





CT: Mosaic attenuation
Hyperinflation/oligemia







Severe atelectasis with bronchiolitis obliterans

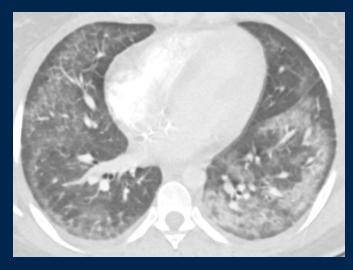
#### Vaping Associated Lung Injury (EVALI)

Teenager with respiratory distress



- CT findings:
  - Ground glass opacities
  - Subpleural sparing
  - Consolidation





Courtesy of Daniel Ocazionez MD

Amjad MA, et.al., Int J Environ Res Public Health, 2025, 22:792.

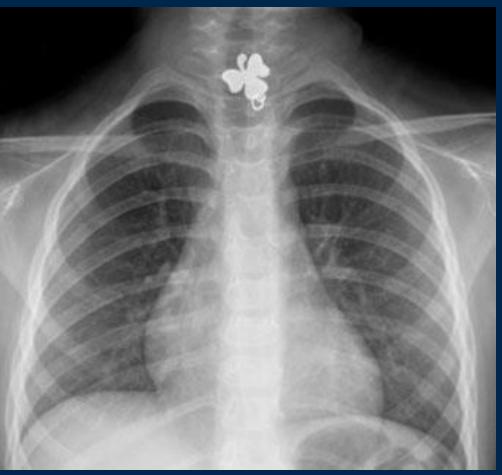
#### **Aspiration Pneumonia**

- Hydrocarbon ingestion
  - Acute intense chemical pneumonitis
  - Bibasilar, medial
  - Severe
- Lipoid pneumonia
  - Aspiration of mineral oil given for constipation



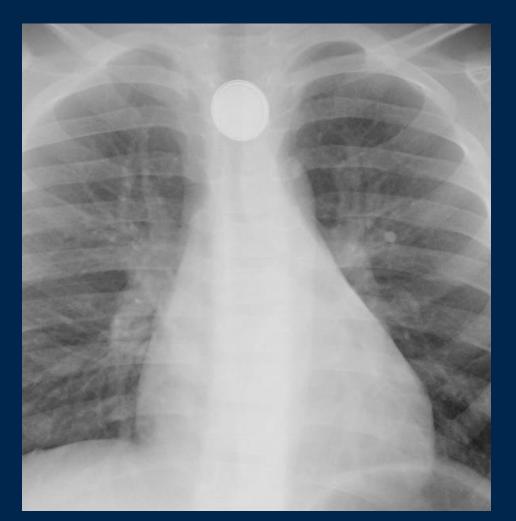
#### **Foreign Bodies**

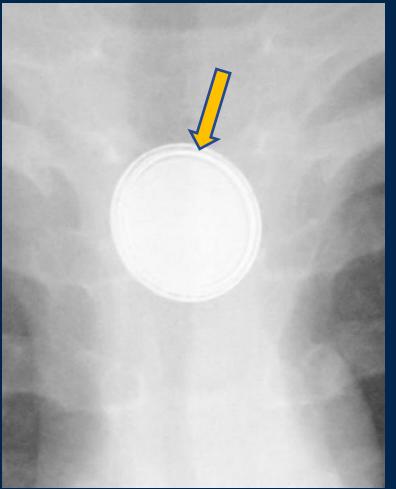












#### **Disc Battery in Esophagus**

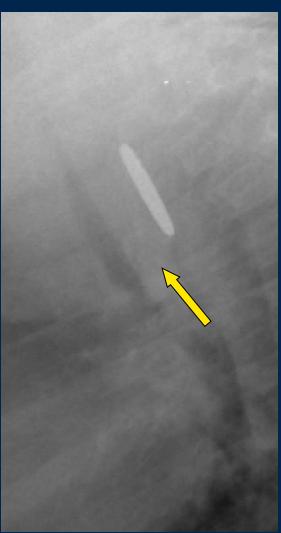
Remove sooner rather than later

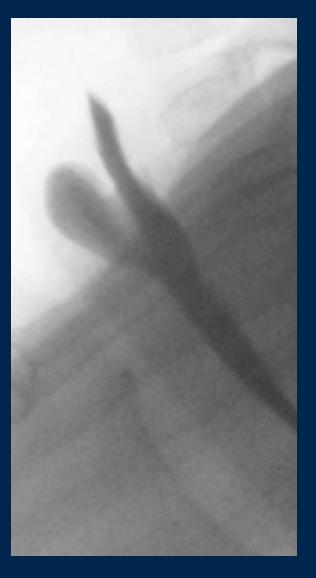
#### **Esophageal Foreign Bodies**

- Risk of complications if chronic
- Look for periesophageal edema

#### Penetrating ulcer after chronic FB













Chronic Plastic Foreign Body
Causing Stricture and
Pseudodiverticulum

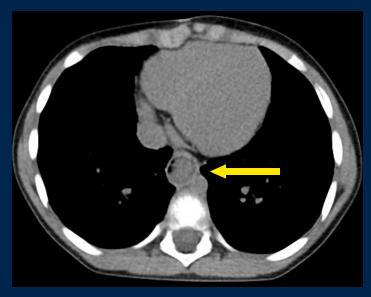
• Can develop bronchoesophageal fistula, mediastinitis

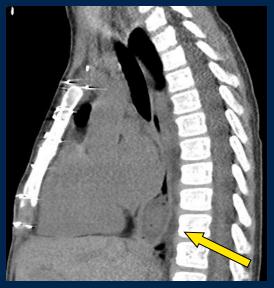
#### **Low Dose CT for Foreign Bodies**



6 year old with vomiting for 3 days

- Food impaction occult on xray
- Common in children with eosinophilic esophagitis





Courtesy of Marla Sammers MD

#### **Peanut in L bronchus**

Esophageal FBs don't cause major airway obstruction



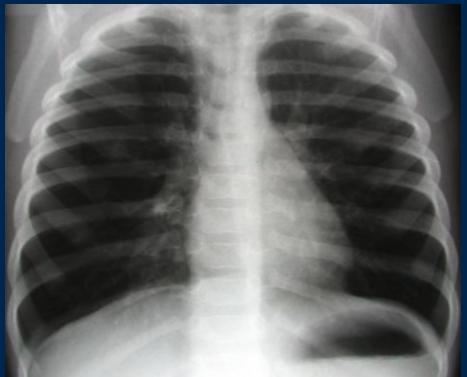


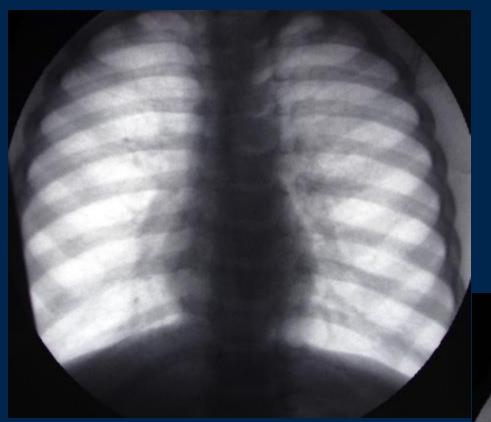
#### **Tracheobronchial Foreign Bodies**

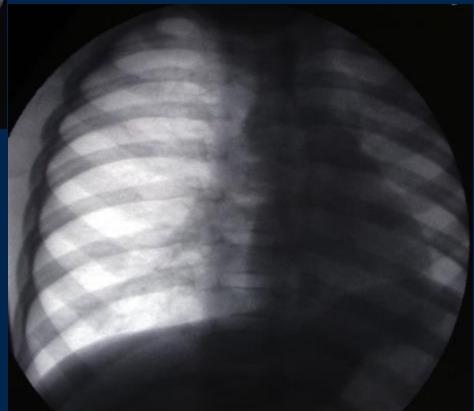
- Usually food, not radiopaque
- Look for airway obstruction
- Asymmetrical lung volume or density
- Diminished pulmonary vascularity
- Lack of volume change between inspiration and expiration
  - Fluoroscopy

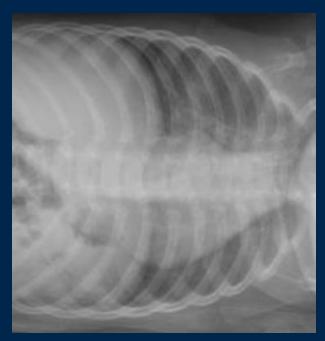




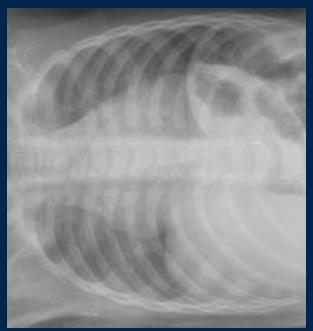


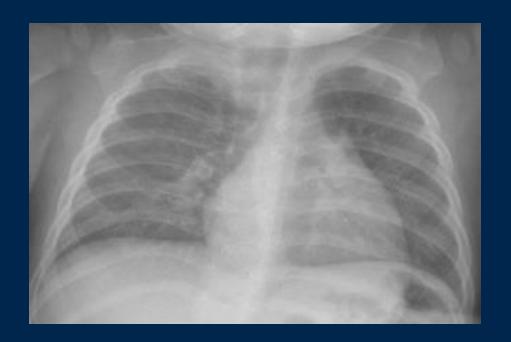






### Decubitus views misleading, not recommended





Normal

#### 11 month old, choked on a rib





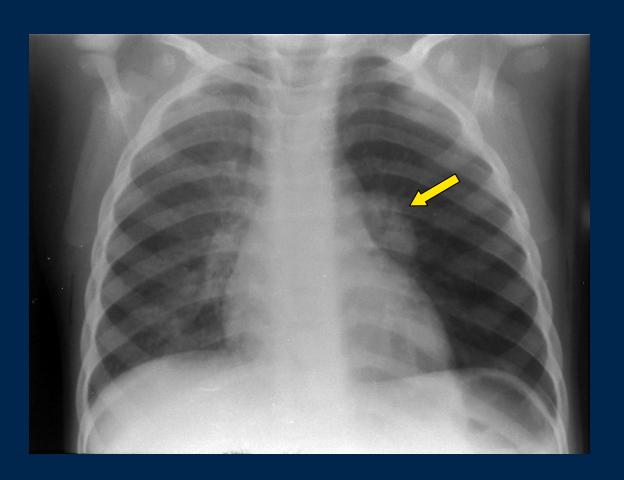






Courtesy of Marla Sammers MD

#### **Other Causes of Airway Obstruction**



- Mucus plug
- BPD
- Vascular rings
- Congenital lung anomalies

Bronchial compression by lymphadenopathy

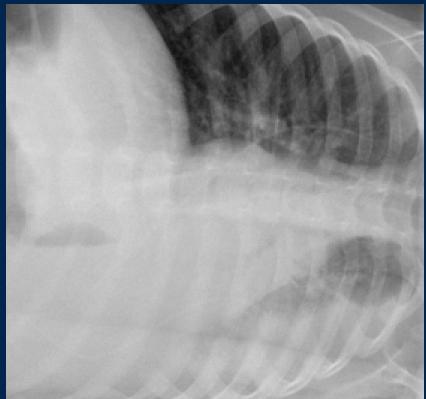
– Primary TB

## Empyema or Parapneumonic Pleural Effusion



- Almost never fatal in children
- Imaging guides management
- Radiographs and US often sufficient

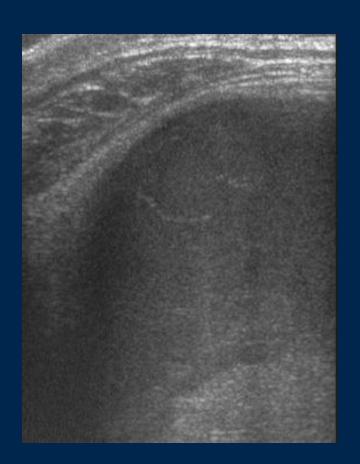




## Convex margins are highly correlated with loculation

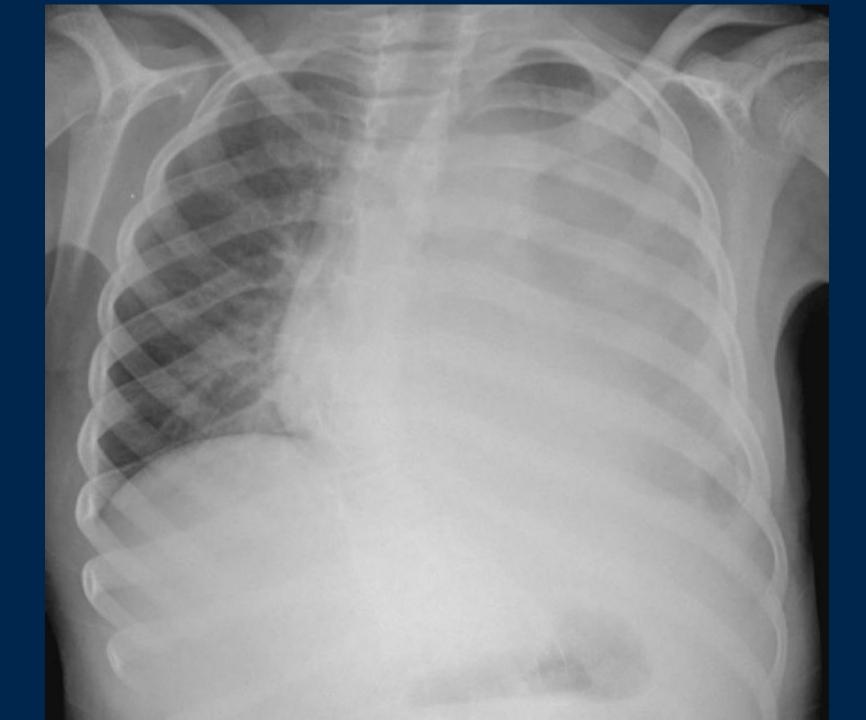
#### **Empyema**

- US
  - Sector 3-8 mHz
  - Linear 7-10 mHz



Loculations vs.Septations







#### **Lung Abscess**

Important distinction because management differs



#### **Things to Remember**

- Viral infections may cause opacities
  - Central, diffuse
- Atelectasis is common and can often be distinguished from pneumonia
- Obstructive emphysema caused by foreign bodies can be subtle – expiratory views valuable
- Low dose CT may be helpful for ingested/aspirated foreign bodies