This article focuses on a subset of traumatic pneumothoraces known as iatrogenic pneumothorax, which is when the condition occurs secondary to an invasive procedure such as pulmonary needle biopsy (transthoracic and transbronchial), placement of a central venous line, nasogastric tube placement, or positive pressure ventilation” Ojeda Rodriguez and Hipskind (2018).

Excerpt:

Pneumothorax is the presence of gas in the pleural space. This condition can present in 1 of 3 ways: spontaneous (primary), secondary, and traumatic. This article focuses on a subset of traumatic pneumothoraces known as iatrogenic pneumothorax, which is when the condition occurs secondary to an invasive procedure such as pulmonary needle biopsy (transthoracic and transbronchial), placement of a central venous line, nasogastric tube placement, or positive pressure ventilation.[1] Usually, as a complication of one of those above, a tension pneumothorax occurs when the pressure in the pleural space is positive throughout the respiratory cycle leading to decreased venous return, hypotension, and hypoxia. A pneumothorax can range from asymptomatic to potentially life-threatening. Iatrogenic pneumothorax is a patient safety indicator (PSI) representing the abovementioned procedures.

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