

## **Breaking Barriers: A Guide to Traumatic Diaphragmatic Injuries**

### Teaching Points:

1. To demonstrate various direct and indirect CT signs of traumatic diaphragmatic injury.
2. To discuss the mimics of traumatic diaphragmatic injury.
3. To describe differences in approach while interpreting blunt and penetrating traumatic diaphragmatic injuries.
4. To understand what the surgeons need to know to appropriately manage the patient

### Table of Contents/Outline:

- Direct CT signs- Segmental diaphragmatic defect, dangling diaphragm, absent diaphragm.
- Indirect CT signs related to herniation- Collar sign, humps and band sign, dependent viscera sign, herniation through a defect, sinus cutoff sign, elevated abdominal organ sign, abdominal content peripheral to the diaphragm or lung.
- Indirect CT signs not related to herniation- Thickening of the diaphragm, diaphragmatic or per diaphragmatic contrast media extravasation, hypo enhancing diaphragm.
- Mimics of diaphragmatic injury- Chronic eventration/elevation of the diaphragm, chronic hernias (Bochdalek, Morgagni, hiatal).
- The importance of trajectory ('trajectory sign') in penetrating trauma.
- Points to include in report: what the surgeon wants to know.