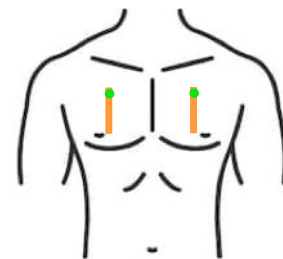
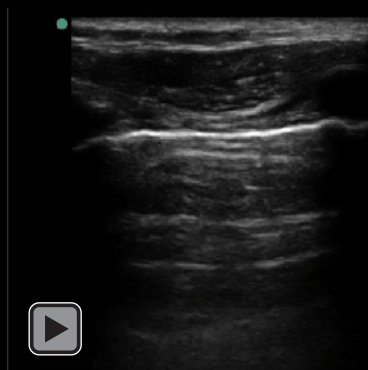




eFAST : Pneumothorax



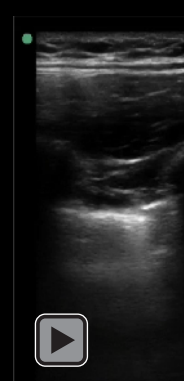
**Rib shadows, A lines
lung slide (No PTX)**



**Lack of lung sliding
(Probable PTX)**



**Lung Point
(Pneumothorax)**



Purpose: To identify lung sliding & to rule out pneumothorax (PTX)

Probe: Linear preferred, can use any probe (Abdo preset, THI off)

Orientation: Marker to patients head

Anatomic Landmarks: Most superior rib spaces at the midclavicular line (most anterior chest wall)

Sono Landmarks: 2 ribs with their acoustic shadow "Bat sign"

Area of interest: Pleural line – horizontal white line just far field from the ribs

Images: Evaluate lung sliding at 3+ IC spaces

Interpretation: Presence of lung sliding is sensitive to r/o PTX at that specific point.

If no lung sliding, slide probe laterally until lung point found. Presence of lung point is specific for PTX.

B-lines or lung pulse rule out PTX

Troubleshooting: Be sure to fan the probe until pleural line is as crisp as possible (ie 90 degrees to pleural surface)

Decreasing gain may help visualize lung sliding

- Watch Out!**
- There are many false positives (lack of sliding) that you have to consider given the clinical context: COPD (bullae), pleural adhesions/pleurodesis, ARDS, pulmonary contusions, pulmonary fibrosis, lung cancer, mainstem intubations, cardiac/liver/spleen 'lung point'
 - Subcutaneous emphysema will often obscure image