Abstract:

Due to the various diagnostic applications of pleural effusion, the chest tube placement has become a very common intervention. As the numbers of procedures increase, so do the complications. We report an emergency scenario of a patient that was admitted in our department with a perforated left ventricle following a chest tube intervention. This rapid increase of chest drain interventions for diagnostic evaluations, has led the iatrogenic perforation of the heart during these procedures, to be considered more of a complication than a negligence.