

Vignette 10: Snap, Crackle, Pop

A 48-year-old man presents to the emergency department with a 12-hour history of recurrent, severe retching and vomiting after binge drinking. He complains of a sharp “stabbing” pain over his precordium radiating to his left mid-axillary line diffusely. He has no hematemesis, melena, or hematochezia. Nasogastric lavage causes significant discomfort and is aborted.

His vital signs are as follows: RR=24; oxygen saturation=93% on room air; BP=132/86 (not orthostatic); pulse=110 and regular. On exam, he appears tachypneic and in mild distress. His right lung is clear to auscultation throughout, and his left lung reveals diminished breath sounds at the base with dullness to percussion overlying the affected area. There is no subcutaneous crepitus over the precordium or neck.

After 30 minutes of observation, he becomes progressively more short of breath and now has radiation of his pain into his left neck. A chest x-ray reveals fluid in the left lung. Shortly after the x-ray is taken, he vomits blood.

- ▶ *What is going on?*
- ▶ *What is the next step in management?*