

UC San Diego

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Title

A Kick to the Ribs - Forward 1, Goalie 0

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Case Presentation

A 22-year-old male soccer goalkeeper sustained an acute chest injury during play after colliding with an opposing striker. The attacker's knee impacted the right lateral chest wall, causing localized rib pain and dyspnea. The athlete did not strike his head or sustain other injuries upon falling. He has asthma and a known, chronic axillary-subclavian deep venous thrombosis; he was not on anticoagulation pharmacotherapy but was taking a daily baby aspirin.

Physical Examination: The athlete appeared visibly uncomfortable but alert. He reported right-sided rib pain with audible and palpable “crackling” and “bubbling” during inspiration. Localized swelling was present over the right lateral chest wall without ecchymosis or deformity. Focal tenderness was noted along the mid-axillary rib region. Pain limited his ability to sit or stand upright. Limited cardiovascular exam was normal. Pulmonary exam revealed decreased breath sounds.

Tests & Results: Computed Tomography (CT) scan revealed a right anterior basilar pneumothorax (~10-15%), small hemothorax, mildly displaced right lateral 8th-9th rib fractures, a 1.5 cm right lower-lobe pulmonary laceration with contusions, and a 4-5 cm hepatic hematoma.

Discussion

This case illustrates the potential severity of blunt thoracic trauma in contact sports and underscores the importance of early imaging and a high index of suspicion for visceral injury. Prompt ED referral is imperative.