

CT chest abnormalities

ruptured oesophagus

- Extraluminal air in the mediastinum and surrounding the oesophagus
- Mediastinal inflammation with obliteration of mediastinal fat planes
- Mediastinal and peri-oesophageal fluid
- Oesophageal thickening
- Pleural effusions (usually unilateral)
- Mediastinal abscess with air-fluid levels
- Extravasation of oral contrast medium into the peri-oesophageal tissues
- Rarely a tract at the site of the tear

pulmonary embolism

- Central (pulmonary trunk or main pulmonary arteries to the segmental arteries) or peripherally located emboli (segmental and subsegmental arteries)
- Single or multiple lesions
- Acute emboli are centrally located within arteries causing a contrast-filling defect or a vessel 'cut-off' sign if it occludes the lumen, classically with distension of the involved vessel
- Features suggesting chronic emboli are lesions eccentric and contiguous with the vessel or with recanalisation

ARDS

- Early parenchymal consolidation with air bronchograms and ground glass attenuation in the dependent areas; variable pleural effusions, pneumatoceles or pneumothoraces
- Late fibrosis, traction bronchiectasis, lobular distortion and honeycombing

aortic dissection

- Location of intimal tear, extent of the disease, evaluation of the true and false lumens
- Can miss flaps in the ascending aorta
- Stanford classification:
 - type A—ascending aorta
 - type B—distal to the left subclavian

bronchiectasis

- Bronchial wall thickening
- Internal bronchial diameter greater than the adjacent artery
- Lack of bronchial tapering, bronchi within 1 cm of the pleura
- Clusters of cystic spaces
- Fluid-filled bronchi
- Mediastinal lymphadenopathy

retrosternal masses

- Retrosternal masses include goitres, lymphadenopathy, thymoma, teratoma and thoracic aortic aneurysm
- The airway should be assessed for compression and reduced diameter