

Drowning Rule Out With Novices (DROWN) in Ultrasound

Presenter: Justin Schevers, DO

Coauthors: S. Russ Richardson, MD, MS, Jacob Pope, DO, Dylan C. Arnold, DO, Casey L. Wilson, MD

Department of Emergency Medicine, Grand Strand Medical Center, University of South Carolina, Myrtle Beach, South Carolina











Dr. Jacob Pope

Dr. Casey L. Wilson

Dr. Dylan C. Arnold

Dr. S. Russ Richardson



Background



CDC data from 2018:

- 9,659 incidents of nonfatal drownings in US.
- 2,481 drowning fatalities reported.
- One of leading causes of death in children less than 4 years old.

Age group	Cause of death ranking (2019)
1-4	2
5 – 9	3
10 – 14	5
15 – 24	6



Objective



The purpose of this study was to determine the utility of lung ultrasound in identifying interstitial edema in patients presenting after nonfatal drownings, when compared to chest radiography.



Hypothesis



Point of care lung ultrasound can identify interstitial edema in patients presenting after nonfatal drownings.







https://radiopaedia.org/cases/near-drowning-pulmonary-oedema?lang=us







https://radiopaedia.org/cases/normal-frontal-chest-x-ray







https://www.coreultrasound.com/lungs_cb/



Methods



- Study included all patients presenting after a submersion event who received a CXR.
- Study conducted in Myrtle Beach, SC at a single academic emergency department with annual census of approximately 125,000.
- US performed by EM residents not involved with patient's care using BLUE protocol.
- US reviewed by 4 blinded expert sonographers and results compared to CXR.
- Patients contacted 2 weeks later.



Methods



BLUE Protocol

- Bedside Lung Ultrasound in Emergency is helpful in determining etiologies of acute respiratory failure.
- EM residents were trained in the BLUE protocol and gave an initial "novice" interpretation of the bedside US they performed and blinded to the chest radiographs.



Methods











	Adult (n=21)	Pediatrics (n=38)
Seconds Underwater (median)	120	30
Bystander CPR	33%	26%
ED Disposition = Admitted	76%	53%
Intubated	31%	5%
Survived to discharge (or transfer)	94%	95%







Sensitivity and specificity of Lung Ultrasound vs. Chest X-ray

All patients (n=59)	CXR (+)	CXR (-)	Sensitivity (95% CI)	Specificity (95% Cl)
Ultrasound (+)	20	12	83.3% (62.6-95.3)	65.7% (47.8-80.9)
Ultrasound (-)	4	23		







Sensitivity and specificity of Lung Ultrasound vs. Chest X-ray

Discharged patients (n=23)	CXR (+)	CXR (-)	Sensitivity (95% Cl)	Specificity (95% Cl)
Ultrasound (+)	2	2	66.7% (9.4-99.2)	90.0% (68.3-97.2)
Ultrasound (-)	1	18		



Discussion



- 24 patients had pulmonary edema on CXR, 20 of those had positive B lines according to novice interpretation.
- Compared to CXR, US resulted in 83.3% sensitivity and 65% specificity in detecting pathologic B lines in nonfatal drownings.
- 12 out of 35 cases where patient had negative CXR with positive lung US, 10 of which required admission for further treatment.
- Suggests US may detect significant pulmonary edema earlier than CXR.
- Ultrasound performed in patients discharged from ED with Sensitivity of 66.7% and Specificity of 90%.
- Interpretation of sensitivity and specificity may be biased as CXR was used as "Gold Standard" which is imperfect in identifying pulmonary edema.



Conclusion



- Diagnosis: Lung ultrasound is useful for determining presence of pulmonary edema in patients presenting after submersion events.
- Utility: So easy, even a novice can do it.



Thank You!







References



1. Center for Disease Control and Prevention, National Center for Injury Prevention and Control. Web-based injury statistics query and reporting system (WISQARS). Cdc.gov. www.cdc.gov/injury/wisqars. Accessed April 29, 2021.

2. Szpilman D, Bierens J, Handley AJ, Orlowski JP. Drowning. N Engl J Med. 2012;366:2102-10.

3. Pearn JH. Secondary drowning in children. Br Med J. 1980;281(6248):1103-5.

4. Pratt FD, Haynes BE. Incidence of "secondary drowning" after saltwater submersion. Ann Emerg Med. 1986;15(9):1084-7.

5. Noonan L, Howrey R, Ginsburg CM. Freshwater submersion injuries in children: A retrospective review of seventy-five hospitalized patients. *Pediatrics*. 1996;98:368-71.

6. Gregorakos L, Markou N, Psalida V, et al. Near-drowning: Clinical course of lung injury in adults. Lung. 2009;187(2):93-7.

7. Salomez F, Vincent JL. Drowning: A review of epidemiology, pathophysiology, treatment, and prevention. Resuscitation. 2004;63(3):261-8.

8. Gluecker T, Capasso P, Schnyder P, et al. Clinical and radiologic features of pulmonary edema. Radiographics. 1999;19(6):1507-31.

9. Wooten WM, Shaffer LET, Hamilton LA. Bedside ultrasound versus chest radiography for detection of pulmonary edema: A prospective cohort study. *J Ultrasound Med.* 2019;38:967-73.

10. Causey AL, Tilelli JA, Swanson ME. Predicting discharge in uncomplicated near-drowning. Am J Emerg Med. 2000;18(1):9-11.

11. Weinstein MD, Krieger BP. Near-drowning: Epidemiology, pathophysiology, and initial treatment. J Emerg Med. 1996;14:461-7.

12. Noble VE, Murray AF, Capp R, et al. Ultrasound assessment for extravascular lung water in patients undergoing hemodialysis. *Chest*. 2009;135(6):1433-9.

13. Picano E, Frassi F, Agricola E, et al. Ultrasound lung comets: a clinically useful sign of extravascular lung water. *J Am Soc Echocardiogr.* 2006;19:356-63.

14. Jambrik Z, Monti S, Coppola V, et al. Usefulness of ultrasound lung comets as a nonradiologic sign of extravascular lung water. *Am J Cardiol.* 2004;93:1265-70.

15. Volpicelli G, Mussa A, Garofalo G, et al. Bedside lung ultrasound in the assessment of alveolar-interstitial syndrome. *Am J Emerg Med.* 2006;24:689-696.

16. Singh S, Kaur H, Singh S, Khawaja I. Basic insights of lung ultrasonography in critical care setting. Cureus. 2018;10(12):e3702.

17. Lichtenstein DA, Meziere GA. Relevance of lung ultrasound in the diagnosis of acute respiratory failure: The BLUE protocol. *Chest.* 2008;134(1):117-25.

18. Bekgoz B, Kilicaslan I, Bildik F, et al. Blue protocol ultrasonography in emergency department patients presenting with acute dyspnea. *Am J Emerg Med.* 2019;S0735-6757(19):30112-3.

19. Laursen CB, Sloth E, Lassen AT, et al. Point-of-care ultrasonography in patients admitted with respiratory symptoms: A single-blind, randomised controlled trial. *Lancet Respir Med.* 2014;2(8):638-46.

20. Patel CJ, Bhatt HB, Parikh SN, Jhaveri BN, Puranik JH. Bedside lung ultrasound in emergency protocol as a diagnostic tool in patients of acute respiratory distress presenting to emergency department. *J Emerg Trauma Shock*. 2018;11(2):125-9.

21. Seyedhosseini J, Bashizadeh-fakhar G, Farzaneh S, et al. The impact of the BLUE protocol ultrasonography on the time taken to treat acute respiratory distress in the ED. *Am J of Emerg Med.* 2017;35:1815-8.

