Chest trauma of Alexander the Great, a pneumology approach

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Delgado-García et al.¹ present a broad dissertation, with a deep historical review, of the chest wound suffered by Alexander the Great by the shot of a two cubit-long (88 cm) arrow in the battle against the Mallians, where, through different narrations, it has been assumed that he suffered a pneumothorax, and that owing to the seriousness of the wound, his doctors decided to remove the sharp pointed object, with air and blood being obtained post-extraction; the emperor lost consciousness, with the wound subsequently healing and enabling him to ride a horse in a few days. The authors conclude with the phrase "The events occurring after the arrow wound render the possibility of a pneumothorax implausible".

It should be pointed out that the possibility of a tension pneumothorax in the circumstances and scenario of that epoch suggest that, practically, the patient would have died, and the probability of a partial pneumothorax is therefore likely more accurate.

Macedonian soldiers training since childhood with exhausting days of hand to hand combat, horse riding, contusions, weapon handling, etc., made for soldiers of these groups to be in exceptional physical shape; being wounded and living with traumas was the rule rather than the exception.

The chest, owing to its characteristics and exposure, is an ideal place for the opponent as a target to

inflict damage. This is demonstrated by the prevailing need for protective vests in different sports, such as taekwondo, fencing or rodeo, and in professions such as bodyguard, policeman, soldier and security personnel.

In modern life, we receive patients who have activities that involve great physical effort, such as construction workers, peasants, cowboys, ranchers, etc., in whose medical evaluation we find rib fractures, hemothorax, empyema, pulmonary cavities, pleural thickening, pneumomediastinum, cysts or retained pneumothorax, where, in spite of characteristic radiologic imaging, patients do not show significant symptoms.

The dynamics of the thoracic trauma in the referred case suggests it could have been a case of retained pneumothorax²; the blood clot caused for the pneumothorax to be limited, thus enabling Alexander the Great recovery.

My congratulations to the authors for their deep medical investigation about this great character of universal history.

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