

## **Abstract**

Traditionally lung imaging in critically ill patients is performed either by bedside chest radiography (CXR) or thoracic computed tomography (CT). Both techniques have limitations which constrain their usefulness. Although thoracic CT is the gold standard for lung imaging, it is expensive and cannot be performed on a routine basis. In addition the transportation of critically ill patients to the radiology department combined with the radiation exposure carries a measurable risk.

On the other hand, limitations of bedside CXR have been well described and lead to poor-quality X-ray films with low sensitivity. Indeed it has been shown that even under carefully controlled exposure conditions more than 30% of the X-ray films are considered suboptimal. Finally, there is poor correlation between CXR findings and those of CT. Nevertheless, despite these limitations bedside CXR remains the daily reference for lung imaging.

### **Key words :**

ICU - Bedside chest ultrasonography versus chest x ray .