

Abstract



Spontaneous pneumomediastinum and pneumopericardium in a young, healthy adult with plans for intercontinental travel.

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Abstract

A 23 year old male presented to the emergency department complaining of sudden onset chest and neck pain, dyspnoea and dysphonia, following an episode of vigorous coughing. Clinical examination revealed a mild tachycardia and evidence of surgical emphysema in the left supraclavicular fossa. A chest x-ray confirmed surgical emphysema in the left side of the neck and raised the concern of pneumomediastinum. The subsequent CT scan identified both pneumomediastinum and more surprisingly, pneumopericardium. The lung fields were normal. This spontaneous event was treated conservatively with analgesia and observation. The patient remained stable and was discharged after 48 hours with safety net advice and a plan for appropriate follow up. Pneumomediastinum and pneumopericardium should be a consideration in adult patients presenting with sudden onset chest pain whilst free air in the subcutaneous tissues and mediastinum warrant urgent CT to exclude life threatening causes. Spontaneous pneumomediastinum and pneumopericardium can be caused by the Macklin effect - potentiated by vigorous coughing. The management of spontaneous pneumomediastinum and pneumopericardium is largely conservative, but life-threateneing sequelae can develop. Following symptom resolution, clear communication with the patient regarding the potential severity of the sequelae of pneumomediastinum and pneumopericardium is essential to ensure a period of inpatient assessment to confirm safety for discharge and resolution of free air at follow up. This is particularly relevant in a young, healthy patient cohort, who may feel that information given at follow up will be restrictive and detrimental to their life plans.

Biography:

Dr Winterton has completed MBChB with merit at University of Bristol in 2018. He has also gained a Bachelor of Arts degree in Medical Humanities. Currently, he works as a senior house officer rotating through the medical specialties at the Royal Liverpool University Hospital, United Kingdom



Recent Publications:

- SerwahBonsuAsafo-Agyei, Emmanuel Ameyaw, Jean-PierreChanoine and Samuel BlayNguah (2017) Normative penile anthropometry in term newborns in Kumasi, Ghana: a cross-sectional prospective study. International Journal of Pediatric Endocrinology 2017:2-7. DOI 10.1186/s13633-017-0042-1
- 2) Adomako-Kwakye Chris, Alexander OtiAcheampong, AkwasiAntwi-Kusi, Emmanuel Ameyaw. (2017) Mandatory Pre-Employment Medical Examination—The Practice and the Law: Is It Justifiable? Beijing Law Review, 8: 1-9
- Ameyaw E, Barnes AN, Asafo-Agyei SB, Amakye-Ansah DA (2017) Misdiagnosis of Diabetic Ketoacidosis as Pelvic Inflammatory Disease: A Case Report. Clinical Research and Trials. 3(3): DOI: 10.15761/CRT.1000176
- Serwah Bonsu Asafo-Agyei, Emmanuel Ameyaw, Jean-Pierre Chanoine, Margaret Zacharin and Samuel Blay Nguah (2017) Clitoral size in term newborns in Kumasi, Ghana. International Journal of Pediatric Endocrinology. 2017;6:1-5. DOI: 10.1186/s13633-017-0045-y
- 5) Emmanuel Ameyaw, AbiboyeChedukoYifieyeh, Serwah-BonsuAsafo-Agyei, AwuahBaffour, AkosuaSerwahHemeng (2017)Adrenocortical carcinoma in a Ghanaian girl: Report of a case. Clinical Research and Trial. DOI: 10.15761/ CRT.1000187

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