

## Retropharyngeal Haematoma: A Threaten to the Airway

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### Clinical Image

A retropharyngeal haematoma may constitute an immediately life threatening emergency due to airway compromise. In 1991, Thomas et al found only 29 cases described in the literature since 1966. The most common cause is the blunt cervical trauma (in 38% of the cases) [1]. Other causes are the cervical hyperextension injury, cervical vertebrae fracture, cough, sneeze, strain, blunt head trauma, swallow of a foreign body, retropharyngeal infection, carotid artery aneurism, internal jugular vein puncture, metastatic disease, coagulopathy, anticoagulants, etc [2, 3].

We present the clinical case of a female patient of 77 years old. Mechanism of injury: fall from her own height, resulting in frontal head trauma (Glasgow Coma Score of 15, without loss of consciousness). Signs and symptoms: dysphonia and stridor, having underwent an immediate orotracheal intubation. Medical history: arterial hypertension, dyslipidaemia and vascular dementia. Chronic medication: Aspirin, nebivolol, diazepam, atorvastatin and memantin.

She had a head computerized tomography (CT) done that was normal; and a cervical column and neck CT that showed a large retropharyngeal haematoma (Figure 1 and 2), without any associated cervical vertebrae fracture.



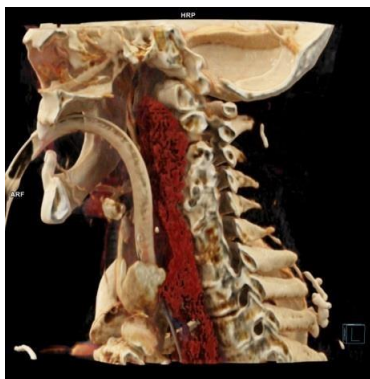
**Figure 1:** Side view of CT reconstruction showing a large and extensive retropharyngeal hematoma (red).

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She was then admitted to the intensive care unit for mechanical ventilation. On 2<sup>nd</sup> day, she underwent a surgical tracheostomy. On 4<sup>th</sup> day, she was weaned from mechanical ventilation. On 6<sup>th</sup> day, was transferred to the ENT ward, had the tracheostomy tube removed and was discharged from hospital.

In the setting of trauma, the mechanism of injury generally permits explaining the presenting injuries. In this case, the clinical severity expressed by the patient seemed to be disproportional to the apparent resultant injury. However, the presence of factors contributing to haemorrhage, such as antiplatelet drugs [2], associated with the existence of fascial spaces in the neck, should warn us of the possibility of development of deep cervical haematomas that may cause an occult airway obstruction.



**Figure 2:** Side view of CT reconstruction showing a large and extensive retropharyngeal haematoma (red).

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