

Tension Pneumocephalus after Dacryocystorhinostomy

Sethi SM^{1*} and Ali SA²

¹Department of Internal Medicine, Resident, The Aga Khan University Hospital, Karachi, Pakistan

²Department of Internal Medicine, Associate Professor, The Aga Khan University Hospital, Karachi, Pakistan

Volume 3 Issue 2- 2020

Received Date: 13 Jan 2020

Accepted Date: 25 Jan 2020

Published Date: 30 Jan 2020

2. Keywords

Pneumocephalus

1. Abstract

A 63-year-old female known case of diabetes and hypertension had an elective procedure of right dacryocystorhinostomy present to the emergency department the next day with a loss of consciousness. Urgent Computed Tomography (CT) head showed air in the cranium (pneumocephalus). Tension Pneumocephalus had a diverse clinical presentation that includes altered mentation, loss of consciousness and focal neurological deficits. A radiological sign named “Mount Fuji” is classical for tension pneumocephalus. Surgeon must be vigilant while performing surgeries in nasolabial areas as there is proximity of skull bones and can damage skull bone and cause tension pneumocephalus. A learning point for all trainees and students in health professional is to identify Mount Fuji sign on CT scan.

3. Case Presentation

A 63-year-old female known case of diabetes and hypertension had an elective procedure of right dacryocystorhinostomy present to the emergency department the next day with a loss of consciousness. She was intubated because of unconsciousness. Urgent Computed Tomography (CT) head showed air in the cranium (pneumocephalus). The neurosurgery team was consulted and planned for surgical intervention. Surprisingly, she responded well and repeated scans showed a reduction in air. She improved clinically and was extubated. Drastic clinical improvement allowed the neurosurgery team to avoid any intervention. She was then discharged home and was called for follow up in the neurosurgery clinic.

Tension Pneumocephalus had a diverse clinical presentation that includes altered mentation, loss of consciousness and focal neurological deficits [1]. Few identified causes [2] are trauma, previous surgery [3], a tumor of paranasal sinus and infections. A radiological sign named “Mount Fuji” is classical for tension pneumocephalus [4]. Management includes urgent neurosurgical

intervention. Surgeon must be vigilant while performing surgeries

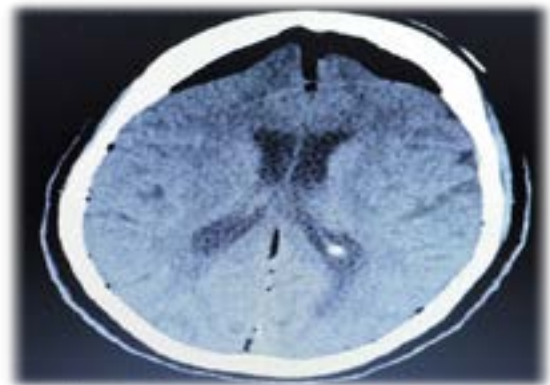


Figure 1

References

1. Pulickal GG, Sitoh YY, Ng WH. Tension pneumocephalus. Singapore Med J. 2014; 55(3): e46-8.
2. Lin MB, Cheah FK, Ng SE, Yeo TT. Tension pneumocephalus and pneumorachis secondary to subarachnoid pleural fistula. Br J Radiol. 2000;

*Corresponding Author (s): Sher Muhammad Sethi, Department of Internal Medicine, Resident, The Aga Khan University Hospital, Karachi, Pakistan, Tel: 00923132551542, E-mail: Sher.sethi@aku.edu

Citation: Sethi SM, Tension Pneumocephalus after Dacryocystorhinostomy. Journal of Clinical and Medical Images. 2020; V3(2): 1-2.

73(867): 325-7.

3. Rasouli M, Honeybul S. Delayed tension pneumocephalus following decompressive craniectomy. *J Clin Neurosci*. 2018; 58: 205-6.

4. Michel SJ. The Mount Fuji sign. *Radiology*. 2004; 232(2): 449-50.