Journal of Clinical and Medical Images

Clinical Image

ISSN: 2640-9615 | Volume 5

Pneumomediastinum

Hamad Y*

Department of Internal Medicine, Division of Infectious Diseases, University of Pittsburgh Medical Center, USA

***Corresponding author:**

Yasir Hamad,
Department of Internal Medicine,
Division of Infectious Diseases, University of Pittsburgh Medical Center, USA,
E-mail: yhamad@wustl.edu

Received: 20 Feb 2021
Accepted: 08 Mar 2021
Published: 13 Mar 2021

Citation:

Hamad Y et.al. Pneumomediastinum. J Clin Med Img 2021; V5(6): 1-2.

Clinical Image

A 69-year-old man was admitted to hospital for respiratory failure and confusion and was found to have Coronavirus disease 2019 (COVID-19) based on PCR testing. Patient required prolonged course of mechanical ventilation that was complicated by a pneumothorax requiring a chest tube. Eventually the patient underwent tracheostomy. Subsequent Computerized Tomography (CT) scan images showed extensive air in the subcutaneous tissues and muscles around the neck and chest as well as in the mediastinal tissues (Figures 1-4). Despite extensive medical care the patient eventually died of shock due to candida infection.

Pneumomediastinum is defined as the presence of air in the mediastinum. It can occur as a result of barotrauma. Clinical presentation can be as dyspnea, chest pain, or neck pain. Physical findings may include tachycardia, tachypnea, or hypertension. A crunching sound is occasionally heard during cardiac auscultation. Hypotension due to decreased venous return and cardiac output may occur if tension pneumomediastinum develops, but this is rare. This condition is usually self-limiting and resolves spontaneously.

Figure 1: Pneumomediastinum axial

Figure 2: Pneumomediastinum- sagital

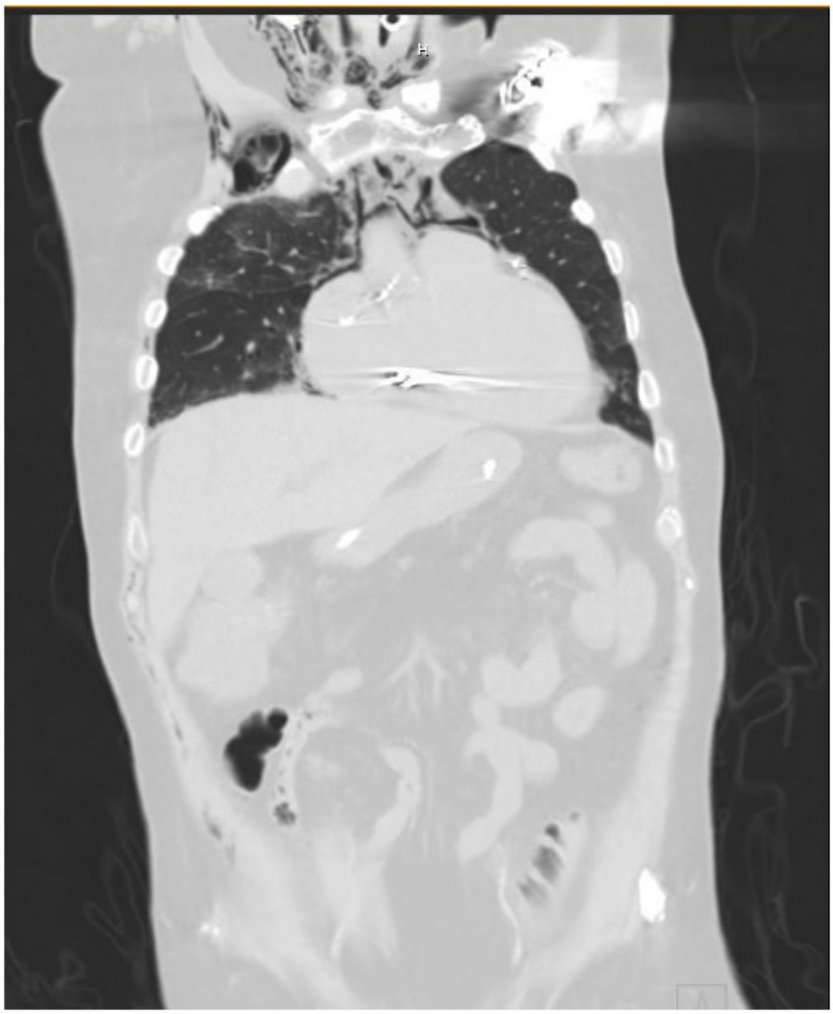

Figure 3: Pneumomediastinum