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KEYWORDS

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conservative treatment is required when the other causes are ruled out.

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performed, revealed the diagnosis of pneumomediastinum and extrathoracic subcutaneous emphysema.

Interestingly neither trachea-bronchial nor esophageal pathology was found by emergent rigid bronchoscopy and endoscopy for etiology of pneumomediastinum. Antibiotic treatment and oxygen therapy were given to the patient with chest pain and dyspnea. During the following days, the patient's condition improved notably, with almost total resolution of the cervical emphysema and pneumomediastinum confirmed by daily chest X-ray and control thorax CT. He was discharged home after 6 days. The emphysema gradually resolved. Pneumomediastinum caused by barotrauma is a rare condition and only

References

- A. Yellin, M. Gapany-Gapanavicius and Y. Lieberman, "Spontaneous Pneumomediastinum: Is It a [1] Rare Cause of Chest Pain?" Thorax, Vol. 38, No. 5, 1983, pp. 383-385. doi:10.1136/thx.38.5.383
- [2] J. B. Jougon, M. Ballester, F. Delcambre, T. Mac Bride, C. E. Dromer and J. F. Velly, " Assessment of Spontaneous Pneumomediastinum: Experience with 12 Patients," The Annals of Thoracic Surgery, Vol. 75, No. 6, 2003, pp. 1711-1714. doi:10.1016/S0003-4975(03)00027-4
- [3] A. E. Newcomb and C. P. Clarke, "Spontaneous Pneumomediastinum: A Benign Curiosity or a Significant Problem?" Chest, Vol. 128, No. 5, 2005, pp. 3298-3302.
- G. J. Koullias, D. P. Korkolis, X. J. Wang and G. L. Hammond, " Current Assessment and Management [4] of Spontaneous Pneumomediastinum: Experience in 24 Adult Patients," European Journal Cardio-Thoracic Surgery, Vol. 25, No. 5, 2004, pp. 852-855. doi:10.1016/j.ejcts.2004.01.042
- [5] F. W. Sutherland, S. Y. Ho and C. Campanella, "Pneumomediastinum during Spontaneous Vaginal Delivery," The Annals of Thoracic Surgery, Vol. 73, No. 1, 2002, pp. 314-315. doi:10.1016/S0003-4975(01)02729-1
- W. G. Bowsher and G. S. Kenyon, " Accidental Oropharyngeal Injury," British Medical Journal (Clinical [6] Research Edition), Vol. 284, No. 6331, 1982, p. 1752. doi:10.1136/bmj.284.6331.1752

- [7] M. Kraus, J. Peiser, N. Bartal and D. M. Fliss, "Cervical Subcutaneous Emphysema Due to Oropharyngeal Barotrauma," Journal of Oral and Maxillofacial Surgery, Vol. 53, No. 10, 1995, pp. 1215-1217. doi:10.1016/0278-2391(95)90639-8
- [8] J.-K. Lee and S.-C. Lim, "Barotraumatic Perforation of Pharyngoesophagus by Explosion of a Bottle into the Mouth," Yonsei Medical Journal, Vol. 46, No. 5, 2005, pp. 724-728. doi:10.3349/ymj.2005.46.5.724
- [9] H. Miura, O. Taira, S. Hiraguri, K. Ohtani and H. Kato, "Clinical Features of Medical Pneumomediastinum," Annals of Thoracic Cardiovascular Surgery, Vol. 9, No. 3, 2003, pp. 188-191.
- [10] F. Leo, P. Solli, G. Veronesi, et al., "Efficacy of Microdrainage in Severe Subcutaneous Emphysema," Chest, Vol. 122, No. 4, 2002, pp. 1498-1499. doi:10.1378/chest.122.4.1498-a
- [11] P. L. Beck, S. J. Heitman and C. H. Mody, "Simple Construction of a Subcutaneous Catheter for Treatment of Severe Subcutaneous Emphysema," Chest, Vol. 121, No. 2, 2002, pp. 647-649. doi:10.1378/chest.121.2.647
- [12] M. Ozdogan, A. Gurer, A. K. Gokakin, S. Gogkus, I. Gomceli and R. Aydin, "Treatment of Severe Subcutaneous Emphysema by Fenestrated Angiocatheter," Intensive Care Medicine, Vol. 31, No. 1, 2005, p. 168. doi:10.1007/s00134-004-2443-x
- [13] L. A. Perkins and S. F. Jones, "Resolution of Subcutaneous Emphysema with Placement of Subcutaneous Fenestrated Angiocatheter," Respiratory Medicine Extra, Vol. 3, No. 3, 2007, pp. 102-104. doi:10.1016/j.rmedx.2007.05.001
- [14] R. Srinivas, N. Singh, R. Agarwal and A. N. Aggarwal, "Management of Extensive Subcutaneous Emphysema and Pneumomediastinum by Micro-Drainage: Time for a Rethink?" Singapore Medical Journal, Vol. 48, No. 12, 2007, pp. e323-e326.

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