A 67-year-old man with no medical history presented to the emergency department with dyspnea and chest swelling, which developed after he fell on ice. His symptoms progressed in the emergency department to dysphonia and dysphagia with extensive facial swelling. A chest radiograph and computed tomographic scan showed subcutaneous emphysema, pneumomediastinum (image A), and hemopneumothorax with displaced rib fracture (image B). Subcutaneous emphysema manifests as painless tissue swelling secondary to air tracking along fascia into areas of least resistance.\(^1\) Chest and gastrointestinal trauma and infections can be sources of air leakage.\(^2\) Clinical signs include dysphagia, dyspnea, dysphonia, and crepitus. The patient’s crepitus extended from his cranial vertex to his knees, with popping sensations on palpation generated by air bubbles bursting under the pressure. Crepitus is often benign and self-limited until the patient’s breathing or blood supply becomes affected by the swelling, at which point surgically placed catheters are required.\(^3\) A chest tube was placed, preventing air from entering the subcutaneous space. On day 6, the chest tube was removed and the patient was discharged home on day 7. (doi:10.7556/jaoa.2015.131)

References


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