

**PP132 HONEY, I BLEW UP
MYSELF. A CASE OF
SPONTANEOUS
SUBCUNTANEOUS EMPHYSEMA
AND PNEUMOMEDIASTINUM.**

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INTRODUCTION

Spontaneous subcutaneous emphysema and pneumomediastinum is a rare occurrence that is neither iatrogenic nor related to trauma whereby alveolar hyperinflation and rupture may occur. Some clinical conditions that may predispose a patient to have spontaneous emphysema are acute bronchial asthma, bronchiolitis, measles, pneumonia and acute obstructive laryngitis. The manifestations of subcutaneous emphysema include a puffy and bloated appearance that may extend from top of the head to upper arm and thigh. Other symptoms are neck pain, difficulty in swallowing and breathing. This swelling crepitant on palpation.

CASE REPORT

19-year-old female with no prior medical condition presented with neck swelling for 2 days duration, associated with neck pain, swallowing difficulty and change of voice. As she was clinically and hemodynamically stable, she was seen at noncritical zone at emergency department. Examination revealed diffuse swelling with crepitations over bilateral neck up to upper chest. Cervical and chest x-ray showed a cervical emphysema and pneumomediastinum. Patient was comfortable and was put on simple face mask 5L/minute. She was subsequently admitted to ward for observation and continued conservative management. She was discharged home well 2 days later.

DISCUSSION AND CONCLUSION

In most cases of spontaneous subcutaneous emphysema and pneumomediastinum, conservative nonsurgical management is indicated as spontaneous improvement is the rule. However, this after secondary causes has been ruled out. The patient should be closely observed clinically. Previous practice using incision of infraclavicular incisions “blow holes” is dangerous and has no place in treating this patient.