acute ischaemic changes. Patient remained stable and was admitted to the ward for further investigation.

## DISCUSSION AND CONCLUSION

Spontaneous pneumopericardium is a very case rare. Cases that have been reported usually are related to tuberculosis and immunocompromised patients, which is not in this case. The pathogenesis of pneumopericardium is increase in intra-alveolar pressure with alveolar overdistention that results in rupture of alveolar walls, allowing air to travel through the pulmonary interstitium along perivascular sheaths to the lung hilum and mediastinum and to the pericardial reflection. Pericardial connective tissue is discontinuous at the reflection of parietal onto visceral pericardium near the ostia of the pulmonary veins so that there is a site of potential weakness where a microscopic dissection of air into the pericardial sac is possible. It is potential that in this case it is related to vasalva maneuver with forced expiration against a closed glottis in exertional activity.

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## SUBGALEAL ABSCESS: A CASE OF UNFORTUNATE INMATE

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Almost all causes of scalp abscess is are due to direct introduction of microbes into the subgaleal space after disruption of skin barrier (laceration, or puncture wounds). Infected scalp hematoma without interruption of skin barrier is rarely reported. Mr S, 35-year-old IVDU was brought by the prison officer with a complaint of worsening right sided scalp expanding hematoma for more than a month. He was assaulted with a blunt object prior to that and did not seek any medical treatment up until the current visit. He denied of any external wound or bleeding from the site during the attack. Other than the pain over the scalp, he did not have fever, loss of appetite or change in behavior. Computer tomographic scan showed right subgaleal collection with extradural extension and right temporal bone fracture. He was referred to neurosurgical team and subsequently a craniectomy, exploration and evacuation of abscess was done. Intra operatively, the temporalis muscle was unhealthy with sloughy dura. He was started on antibiotic and discharged home well.

The diagnosis and treatment of subgaleal abscess are often not complicated. Nevertheless, this condition is usually affiliated with extended morbidities such as seizure or sepsis and diagnosis might be missed initially. High level of suspicion of an abscess is especially suspected in the immunocompromised with non resolving and expanding hematoma. Identification of this condition is usually made with history of prolonged swelling, increased inflammatory markers and a computer tomography scan that showed subgaleal collection. The recommended treatment is surgical incision and careful debridement followed by appropriate systemic antimicrobial therapy for a week with continuation of oral therapy for another week.