



Image of the month

Pneumomediastinum, Subcutaneous and Epidural Emphysema due to Cocaine Abuse[☆]



Neumomediastino, enfisema subcutáneo y epidural tras consumo de cocaína

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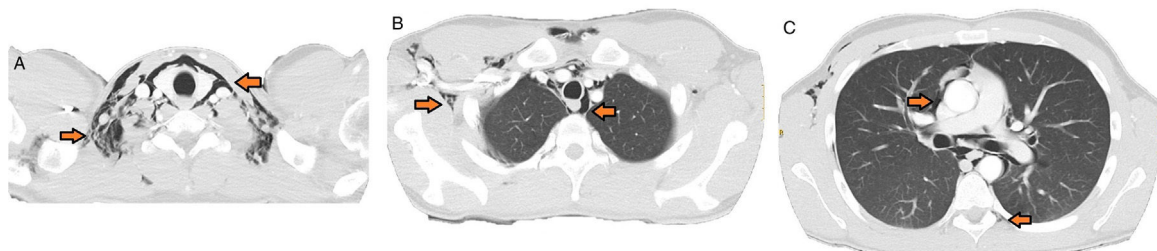


Fig. 1 - .

A 24-year-old male came to the hospital for sudden, intense central thoracic and right lateral cervical pain radiating towards the right lateral cervical region and dyspnea. He reported significant (unquantified) consumption of snorted cocaine in previous hours. The initial evaluation showed: BP 132/83 mmHg; HR 89 bpm; RR 18 breaths/min; baseline O₂ sat 95%; temp. 36.1 °C; Glasgow Index 15/15. Laboratory results demonstrated: 13 800 leukocytes (85.5% neutrophils) and PCR 3.8. Chest radiography revealed pneumomediastinum in superior fields with bilateral lateral cervical subcutaneous emphysema. On the CT scan (Fig. 1), we observed: involvement of both parapharyngeal and carotid spaces (A); subcutaneous emphysema that dissected mainly the right fatty planes of the axillary, anterior pectoral, dorsolateral muscular, and periesophageal areas (B); pericardial involvement and epidural bubbles at the D6 level (C). Other causes of spontaneous pneumomediastinum were ruled out (such as asthma, respiratory infection, sports activity, cough, barotrauma, or tooth extraction). The upper GI study with water-soluble contrast ruled out esophageal perforation. After conservative hospital treatment, the patient's progress was satisfactory.

[☆] Please cite this article as: Díaz Candelas D, Medina Velasco AA, de la Plaza Llamas R, Ramia JM. Neumomediastino, enfisema subcutáneo y epidural tras consumo de cocaína. Cir Esp. 2020;98:359.

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