

A Case of Pneumomediastinum After Tracheostomy

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Introduction

Pneumomediastinum is a condition in which air is seen in the mediastinum as a result of perforation of the respiratory system or digestive system organs. Pneumomediastinum is analysed in two groups as spontaneous (SPM) and secondary. While the cause of primary pneumomediastinum cannot be fully explained, air is seen in the mediastinum due to an underlying cause in secondary pneumomediastinum. For example, it can be seen in respiratory diseases (bronchiectasis, interstitial lung diseases, pulmonary cysts and lung malignancies), especially asthma with acute exacerbations and cough crises, chronic obstructive pulmonary disease (COPD). Trauma, iatrogenic, oesophageal diseases, peptic ulcer, gastritis and excessive vomiting are also causes of secondary pneumomediastinum.

A 50-year-old male patient presented with complaints of shortness of breath and congestion in the throat. The patient was diagnosed with known laryngeal cancer and COPD and tracheostomy was opened 2 weeks ago. It was learnt that the complaint of shortness of breath continued continuously after the tracheostomy was opened. On physical examination, general condition was good-medium, consciousness was clear, vital signs were determined as blood pressure 120/80 mmHg, respiratory rate 22/min, pulse rate 95 beats/min, temperature 36.8°C and

sPO2 97% (without oxygen). Head and neck examination revealed subcutaneous emphysema on the left side of the neck. Respiratory system examination revealed bilateral rhonchi. No pathology was found in laboratory results.

Thorax and neck tomography performed as imaging revealed fluid collections in various localisations in the neck, diffuse subcutaneous and muscular air values in the neck and diffuse free air in the mediastinum. The patient was consulted with Thoracic Surgery with a prediagnosis of pneumomediastinum and hospitalisation was decided. The patient was administered oxygen at 2 L/minute through a nasal cannula and resting treatment.

In conclusion, pneumomediastinum may develop spontaneously or as a result of trauma. If complications develop, it is a clinical condition with high morbidity and mortality. In its treatment, surgical intervention is required if necessary according to the underlying disease. Spontaneous pneumomediastinum is less common than traumatic and usually resolves without surgical intervention with follow-up.

Key words: tracheostomy; dyspnoea; emphysema; pneumomediastinum



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