

## Extensive Case of Subcutaneous Emphysema

Desirae M. Budi, DO  
Christopher Palmer, DO

From the Department  
of Internal Medicine  
at Kent Hospital in  
Warwick, Rhode Island.

Financial Disclosures:  
None reported.

Support: None reported.

Address correspondence to  
Desirae M. Budi, DO,  
455 Toll Gate Rd,  
Warwick, RI 02886-2759.

E-mail: dbudi@kentri.org

Submitted  
March 21, 2015;  
final revision received  
April 10, 2015;  
accepted  
April 22, 2015.

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.<sup>1</sup> Chest and gastrointestinal trauma and infections can be sources of air leakage.<sup>2</sup> 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.<sup>3</sup> 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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