

# Pneumorrhachis

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A 21-year-old man with a history of asthma and albuterol noncompliance presented to the emergency department with chest pain and shortness of breath. He reported 2 days of wheezing and coughing episodes. On arrival, his vital signs were normal, but auscultation revealed bilateral wheezing. A chest radiograph revealed subcutaneous emphysema and pneumopericardium (image A, arrows). A subsequent computed tomographic image showed pneumorrhachis (image B, arrow), a rare but generally benign phenomenon of intraspinal air. The patient was observed for 48 hours to monitor for complications and discharged with suggested pulmonary follow-up after 1 week.

Although most cases of pneumorrhachis are due to iatrogenic or traumatic causes, a few reports exist of pneumorrhachis caused by increased intrathoracic pressure from violent coughing.<sup>1</sup>

Most cases are asymptomatic and incidentally noted on imaging. It is thought that free air from pulmonary alveolar rupture dissects along the posterior mediastinum into the epidural space.<sup>2</sup> Pneumorrhachis is best visualized on a computed tomographic scan of the thorax. Management is usually conservative, and decompression is reserved for those with neurologic symptoms. (doi:10.7556/jaoa.2016.027)

## References

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