

Clinical Image

## Severe Traumatic Pneumothorax, Pneumomediastinum and Pneumoperitonium

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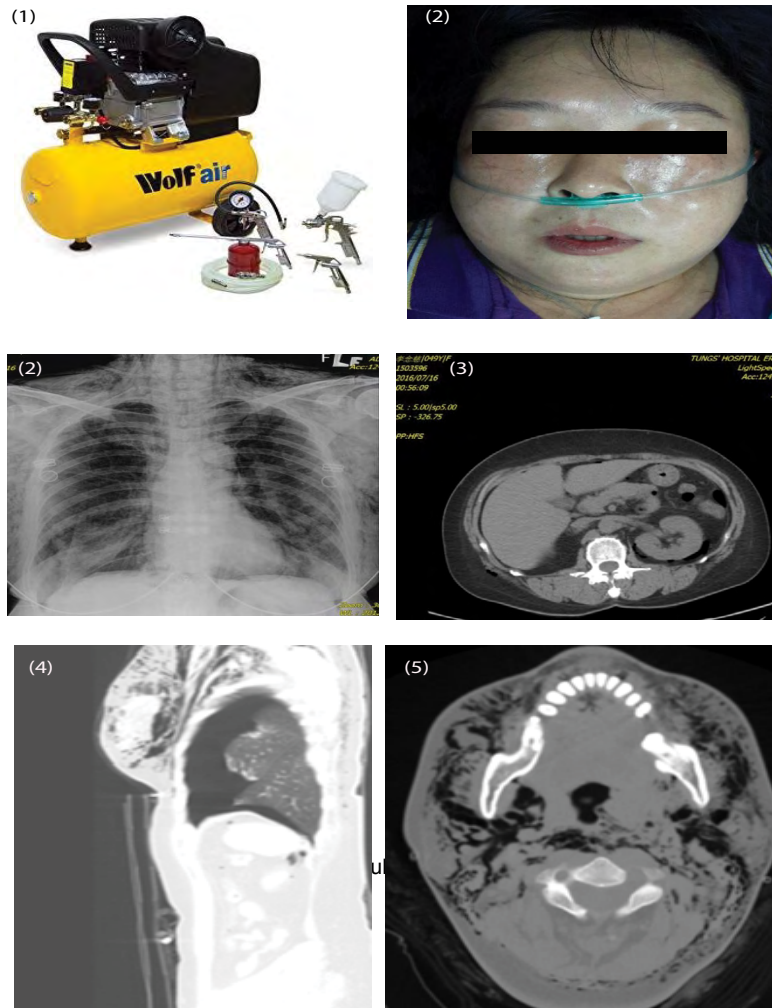


Figure 1: Air compressor

Figure 2: Face swelling and oral laceration

Figure 3: Chest X-ray

Figure 4: CT scan

Figure 5: Bronchoscopy

Figure 6: Panendoscopy

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A 49 year old female presented to the emergency department complaining of dyspnea with chest tightness. The symptoms began after her husband put the nozzle of high-pressure air compressor into her mouth with violent behavior 2 hours ago (Figure 1). On

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exam, the vital sign was normal despite of respiratory rate 24 breaths per minute, with oxygen saturation of 97% on room air. Face swelling and oral laceration were noted (Figure 2). Massive subcutaneous emphysema and crepitus over chest and neck area were observed. The chest X-ray showed massive bilateral pneumothorax, pneumomediastinum with subcutaneous emphysema over chest wall and neck (Figure 3). The CT confirmed the diagnosis of pneumoperitonium and left pneumo-retroperitoneum (Figure 4). The bronchoscopy revealed no evidence of tracheal bronchial tree injury (Figure 5) and panendoscopy revealed any esophagus injury (Figure 6). The 28-Fr chest tubes were inserted into both sides. She was discharged nine days following admission without consequences.