A CASE OF PNEUMOMEDIASTINUM AFTER HITTING A BALL WITH THE CHEST

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INTRODUCTION

Chest pain is one of the most common and complicated complaints amongst emergency service admissions. It is a symptom rather than a diagnosis. Many medical conditions can cause chest pain, and the true underlying cause must be elucidated before it can be adequately treated.

Among all the trauma cases, thoracic trauma is the third most common after head-neck and extremity trauma. Blunt trauma constitutes 10% of thoracic traumas. Rib fractures, pneumothorax, hemothorax, pneumomediastinum, lung contusion are some clinical conditiıons that can arise after the trauma of the thorax.

Pneumomediastinum is defined as the presence of air in the mediastinum and it can occur spontaneously, iatrogenic or due to trauma.

A case of pneumothorax with accompanying pneumomediastinum developed after blunt thorax trauma who had the complaint of chest pain is being presented in this case report.

CASE

A 27-year-old male was admitted to the Emergency Room with complaints of chest pain and shortness of breath. His mean arterial pressure was 120/70 mmHg, his SpO_2 was 97% and his temperature was 36.7 ^{o}C. He was oriented and cooperative. Decreased lung sounds were heard on the left hemithorax with auscultation. The patient's medical history was unremarkable except for the history of smoking a pack of cigarettes a day for the last 3 years. His ECG recording was in normal sinüs rhythm. It was learned from the anamnesis of the patient that a ball hit his chest during a football match one week before the admission and that he had chest pain and respiratory distress that gradually increased since then.

Computed Tomography image of the thorax had an appearance compatible with pneumothorax in the left lung as well as diffuse images of air at the anterior mediastinum. (Figure1)

Tube thoracostomy was applied under emergency conditions and was admitted to the Department of Thoracic Surgery for follow-up and treatment. After 7 days of service follow-up, the patient whose thorax tube was removed was discharged with full recovery.

CONCLUSION

Traumatic pneumothorax and pneumomediastinum should be kept in mind in patients admitted to the emergency department with the complaint of chest pain who also has a history of minor chest trauma.

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Figure 1: Pneumothorax in the left lung, pneumomediastinum in the anterior mediastinum, subcutaneous emphysema on thorax CT