

Pneumomediastinum

Pneumomediastinum indicates the presence of gas within the mediastinum. Most of the time, mediastial emphysema penetrates to the cervical tissue as well. We call it **subcutaneous and mediastinal emphysema**.

thumb|150px|Pneumotorax and pneumomediastinum thumb|200px|Pneumomediastinum

The gas can enter the mediastinum either via **rupture in the lung and visceral pleura**, oesophageal rupture (Boerhaave's oesophagus), then if the skin is torn due to trauma or when carrying out an instrumental procedure (typical for central catheterisation).

The gas can be produced by anaerobic bacteria directly at the spot if the structures in mediastium are **infiltrated** extensively. Infection can spread from **lungs, oesophagus** (typical for perforation - trauma, carcinoma disintegration) or **descend from the neck**.

Diagnosis

In physical examination, neck and upper chest is visibly enlarged, irregularly permeated with gas. When touched, **cracking** of small bubbles in subcutaneous tissue could be felt, that resembles the cracking of snow when squeezed. On basic X-ray imaging, small gas penetration can be missed. However, the **thymic sail sign** is typical – craniolateral deviation of thymic lobes.^[1] náhled|Příznak lodní plachty spinakru (vpravo) Diagnostically, **CT** has a higher value, in some cases we can determine the origin of the gas.

Therapy

Pneumomediastinum is not drained. The origin of the gas is secured in order to prevent enlargement and volume increase.

Complications

Most frequent and most dangerous complication is **infection → inflammation** (mediastinitis), which often results in fatal generalised sepsis and destruction of mediastinal organs.

Links

Related Articles

- Záněť mediastina

References

- 1.

Použitá literatura

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Kategorie:Vnitřní lékařství Kategorie:Patologie