Tension Pneumomediastinum in a Patient with Interstitial Pneumonia

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A 72-year-old woman was diagnosed as acute exacerbation of interstitial pneumonia (IP) on admission. She received steroid therapy, but, her respiratory condition deteriorated progressively. Chest radiograph (Picture 1A) and thoracic computed tomography (Picture 1B) on hospital day 22 demonstrated severe pneumomediastinum, bilateral pneumothorax and subcutaneous emphysema, in addition to diffuse interstitial opacities. The superior vena cava was severely compressed by mediastinal air (1B, arrow). Drainage of the right thoracic cavity was not effective, and she died on hospital day 28.

Tension pneumomediastinum is described as a serious condition, leading to cardiac compression by mediastinal air. In IP, extra-alveolar air is recognized as a relatively common complication (1, 2); however, tension pneumomediastinum is rare. Pneumomediastinum is suggested to be due to the rupture of alveoli or honeycomb cysts secondary to IP (1, 2), and to further deteriorate by steroid therapy. Prompt decompression, by mediastinal tube placement or mediastinotomy, should be considered.

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References