Pneumomediastinum and Pneumopericardium in Staphylococcal Bronchopneumonia

A 21 year old young male, known asthmatic and chronic smoker presented with history of fever, cough with expectoration and exacerbation of breathlessness of 2 days duration. After admission he was treated with bronchodilators and antibiotics. After six hours of admission he developed severe retrosternal chest pain and respiratory distress. His BP was 110/80 mmHg, pulse rate >120/m, respiratory rate > 40/min. He was cyanosed and O$_2$ saturation was 80%.

Respiratory examination showed bilateral extensive rhonchi and crepitations. Palpation of neck revealed evidence of subcutaneous emphysema. Chest x-ray showed bilateral patchy bronchopneumonia with evidence of pneumopericardium and pneumomediastinum. CT scan thorax showed bilateral patchy consolidation with evidence of pneumatocele formation (Fig. 1) along with evidence of pneumopericardium (Fig. 2) and pneumomediastinum (Fig. 3). Overall features are suggestive of staphylococcal pneumonia in an asthmatic resulting in pneumopericardium and pneumomediastinum.

Patient was treated with bronchodilator, high dose of inj. ceftazidime, O$_2$ inhalation and other supportive measures. He showed improvement within 48 hours and was discharged after 10 days full recovery.

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