

# Spontaneous pneumomediastinum and pneumopericardium in a young woman: a case report

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**Introduction:** Spontaneous pneumomediastinum (SPM) is an uncommon entity mainly affecting young adult males with a tall, thin body habitus which can be rarely complicated with spontaneous pneumopericardium (SPP)<sup>1,2</sup>.

**Case report:** 22-year-old female patient was examined in the Emergency Department (ED) due to an acute onset of dyspnoea and severe pain in the left side of the neck, chest and left arm, notably when leaning forward. She denied trauma, physical exertion, coughing, aspiration of foreign body, drug abuse or emesis. On admission, she was afebrile and physical examination revealed symmetric, clear breath sounds and inaudible heart beats without murmur or Hamman's sign. An arterial blood gas analysis revealed mild hypocapnia: pH 7.443, PaO<sub>2</sub> 13.09 kPa, PaCO<sub>2</sub> 4.34 kPa, and SaO<sub>2</sub> 97%. The complete blood analysis was within normal range apart from lactate dehydrogenase (LDH= 333 U/L). The 12-lead ECG showed sinus tachycardia with normal axis, intervals within the normal range and no sign of low voltage (**Figure 1**). A chest X-ray showed pneumomediastinum and pneumopericardium (**Figure 2**), and subsequent chest multi-slice computed tomography confirmed extensive pneumome-

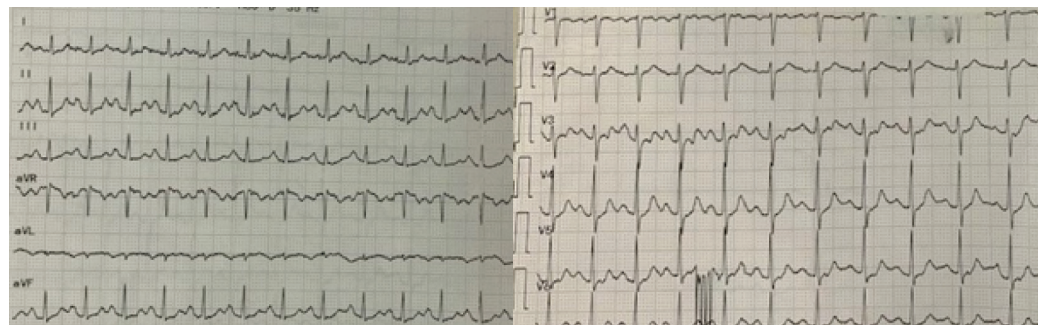


FIGURE 1. 12-lead electrocardiogram recorded sinus tachycardia with no signs of low voltage.

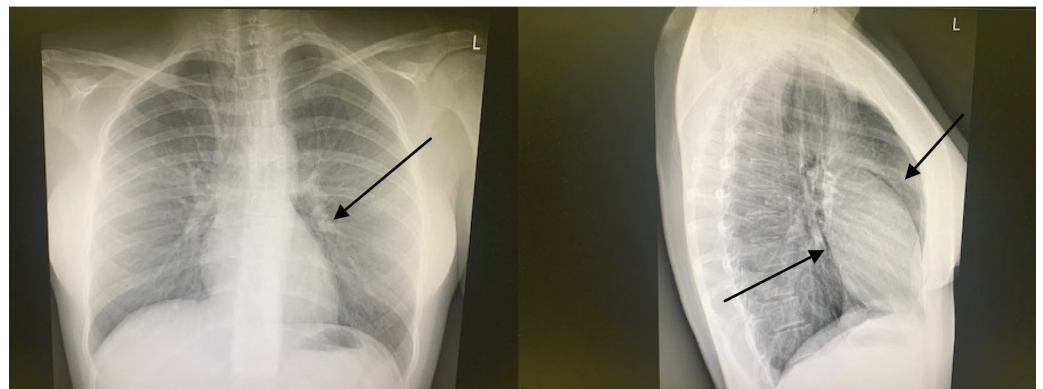


FIGURE 2. The chest X-ray finding indicating suspected pneumomediastinum and pneumopericardium.

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