Pneumomediastinum in a Covid-19 patient

Niki Tsolka², Sotiria Kefala², Georgia Basioti², Leonidas Stellas², George Efremidis¹, Katerina Varela¹, Theoharis Dimou¹

¹Department of Pneumonology, General Hospital of Patras, ²Covid-19 Department, General Hospital of Patras

Key words:

- Pneumomediastinum
- High Flow NC
- Covid 19

During the coronavirus disease 2019 (COVID-19) pandemic, it is observed an increased in the number of patients for pneumomediastinum, suggesting that there is an association with either the viral infection, or the Hi flow nasal cannula (HFNC) required to manage

these patients. A 78 years old male with a past medical history of diabetes, hypertension and Atrial fibrillation, ex-smoker presented in the emergency room with dyspnea, fatigue and fever (38.3 oC) for over 5 days. His chest radiograph (CXR) on admission demonstrated bilateral mid-zone and basal ground glass opacification typical of moderately severe COVID-19 pneumonia (Figure 1). The PCR test for SARS-Co-V2 turned positive and he was admitted to the COVID-19 department with HFNC oxygenation therapy (FiO2 0.5 with 75% Oxygen concentrate). On day 7 after deterioration his dyspnea, he was submitted to emergency CT scan of the chest, confirming the presence of the air in the mediastinum (Figures 2-4). His pneumomediastinum was managed conservatively with oxygen treatment (nasal cannula), monitoring by daily CXRs where gradual improvement was observed. He continued to improve and after 15 days he was eventually considered clinically and discharged without father complications requiring no surgical intervention.



FIGURE 1.



FIGURE 2.



FIGURE 3.



FIGURE 4.

Correspondence:

Sotiria Kefala Covid 19 Department, General Hospital of Patras, 37 Kalavriton Street, 26335, Patras, Greece E-mail: sotiria_kefala@yahoo.gr