Spontaneous pneumomediastinum: a complication of *Mycoplasma pneumonaie* infection

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Aims

To show relationship of *Mycoplasma pneumonaie* infection with spontaneous pneumomediastinum.

Methods

Reviewed case notes of patients and gathered important data pertinent to case report.

Results

We report two cases of spontaneous pneumomediastinum which were associated with *Mycoplasma pneumonaie* infection. The first case is a 20-year-old woman, tobacco smoker and marijuana user, who presented with productive cough followed by pleuritic chest pain and shortness of breath on slight exertion. On examination she was febrile, hypoxic on room air with clinical findings of subcutaneous emphysema and chest showing bilateral crepts with sqeaks and squawks. Bloods showed raised inflammatory markers and atypical pneumonia screen showed high titers of mycoplasma particle agglutionation. Imaging showed pneumomediastinum, surgical emphysema and air in spinal canal. She was started on macrolides and clinically recovered in 10 days with complete resolution on imaging as well.

The second case is an 18-year-old man, a known asthmatic who presented with dry cough, pleuritic chest pain and sudden onset shortness of breath. Examination showed tachypnoea, tachycardia and hypoxia on room air. Chest revealed bilateral expiratory wheeze. Inflammatory markers were raised and imaging showed pneumomediastinum. Later bloods confirmed high titers of mycoplasma particle agglutination. Patient was treated with oral steroids and macrolide with complete resolution of symptoms and improved imaging in 2-weeks time.

Conclusion

Pneumomediastinum with subcutaneous emphysema is rare without chest trauma and examination is important. The aetiology should be investigated to rule out emergency conditions such as oesophageal or tracheal rupture, particularly in patients who present with neck pain or dysphagia. Predisposing factors should be discovered as soon as possible in order to start adequate treatment. ■

Conflict of interest statement

None.

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