

Acute Odynophagia - Rare Clinical Presentation of Spontaneous Cervical Emphysema

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ABSTRACT

Emphysema of iatrogenic, traumatic and infective causes are common and are easily identifiable. Spontaneous emphysema

occurring around the neck is very rare in clinical practice. We report a case of cervical emphysema, which occurred after a rapid deglutition of water.

Key Words: Cervical emphysema, spontaneous, odynophagia.

INTRODUCTION

Emphysemas of iatrogenic, traumatic and infective cause are common and are easily identifiable. We report an interesting and rare case of cervical emphysema, which occurred after a rapid deglutition of water.

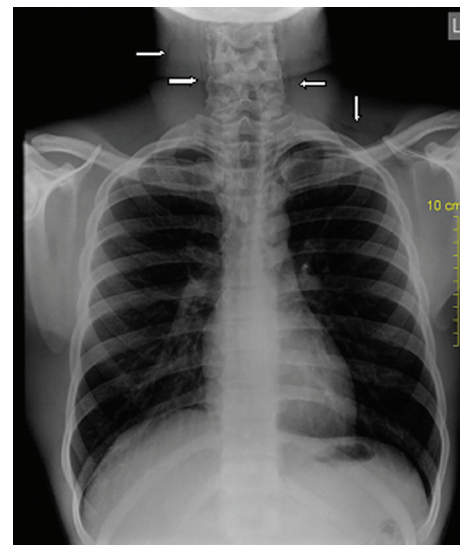
CASE REPORT

A 21 year old man after gulping down a bottle of water while playing cricket, presented with neck pain and acute painful swallowing (odynophagia). There was no history of trauma or violent cough prior to the onset of the symptoms. On examination, he was found to have no stridor, he had normal vitals, and had subcutaneous crepitations over his neck and supra-clavicular area. The chest X-ray [Table/Fig-1] showed bilateral, linear, para-tracheal and left supra-clavicular hyper-lucencies which were suggestive of cervical emphysema [1].

DISCUSSION

Spontaneous pains of the neck resulting from sports injuries are very common, but an associated emphysema is rare. The mechanism of spontaneous cervical emphysema has not been well debated in the literature. It has been postulated to be from a leak from in between the tracheal rings, which occurs on deglutition, due to rapid changes in the intra-luminal pressure.

There are reports of mediastinal emphysema and associated spontaneous cervical emphysema in the literature [2]. Mediastinal emphysema, if associated, is due to the downward tracking of the leaked air through the fascial planes of the neck. In the present case, mediastinal emphysema was not visualized, either by its absence, or because the leak was small. If a respiratory compromise is not present, spontaneous recovery is the rule, and interventions are



[Table/Fig-1]: Chest X-ray showing para-tracheal (marked by horizontal block arrows) and supra-clavicular hyperlucencies (by vertical block arrow) suggestive of cervical emphysema.

not required. This patient was given reassurance and after a week, he was asymptomatic.

To the best of our knowledge, isolated spontaneous cervical emphysema which presents as acute odynophagia or that which is caused by rapid deglutition, is not mentioned in the literature.

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