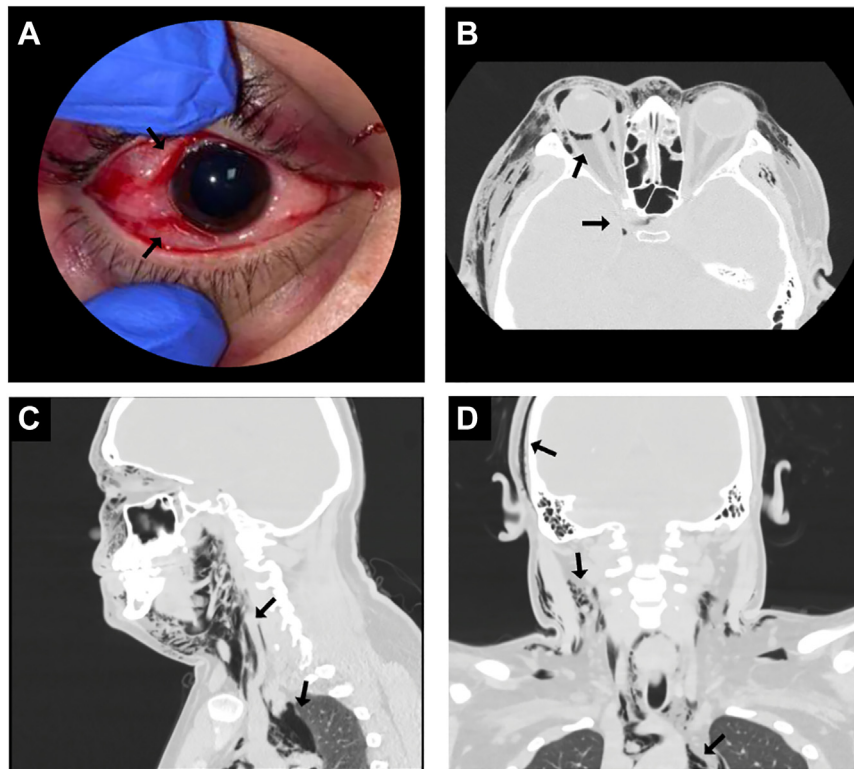


Pictures & Perspectives



Pneumocephalus and Pneumomediastinum from Compressed Air Injury to Conjunctiva

A 30-year-old healthy man presented with bilateral eye swelling and chest and neck pain after compressed air gun injury to the right eye. He had normal ocular vitals with best-corrected visual acuity (BCVA) 20/30 and intraocular pressure of 17 mmHg by tonometry. Anterior segment examination showed multiple conjunctival lacerations as the only point of entry and loculated subconjunctival emphysema (A). Fundus examination was unremarkable. Air presumably tracked through multiple structures leading to orbital emphysema, pneumocephalus (B), and subcutaneous emphysema causing pneumomediastinum extending to the diaphragm (C-D). He was given erythromycin ointment, ocular lubrication, and systemic antibiotics. At follow-up, BCVA was 20/20 with healed conjunctival abrasions and resolution of systemic sequela (Magnified version of Figure A-D is available online at www.aaojournal.org).

SEAN T. BERKOWITZ, MD, MBA¹

KARI FOSSUM, MD¹

JOHN B. BOND, III, MD¹

¹Vanderbilt Eye Institute, Vanderbilt University Medical Center, Department of Ophthalmology, Nashville, Tennessee