

FP 40 Spontaneous Retropharyngeal Emphysema

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Background

This is a case of GD a 30 year old female who came to the ER with chief complaint of nape pain. One week prior to admission, patient had undocumented intermittent fever associated with loss of appetite, nose bleeding, throat discomfort, nape pain, and cough. Patient self medicated with Amoxicillin 500mg/tab for 3 days and Bioflu.

Four days prior, symptoms persisted this time associated with myalgia. Relevant history reveals pulmonary tuberculosis last 2014 which was treated for 6 months.

On physical examination, the posterior pharyngeal wall was noted to be hyperemic. The right TM was centrally perforated with no otorrhea. The neck was noted to be supple with no limitation in range of motion.

Method

Dengue IgG and IgM was noted to be positive. INR was decreased. The blood picture showed leukocytosis. Chest X-ray was normal. X-ray of the soft tissues of the lateral neck revealed spontaneous retropharyngeal emphysema (suspicious streaks of air in the retropharyngeal area is noted from C1 to T1 and extending anteriorly overlying the trachea at the level of T1). Flexible nasolaryngoscopy was done which showed essentially normal results.

Results

The patient was admitted as a case of dengue fever with warning signs. X-ray of the soft tissues of the lateral neck revealed findings of retropharyngeal emphysema. In the patient's case, her symptoms of throat and nape pain may be explained by the presence of air within the retropharyngeal space.

Conclusion

Retropharyngeal emphysema is a self-limited disease which can occur spontaneously. Feared complications include acute respiratory distress and mediastinitis.²

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² Cho, Do-Yeon., Aaron, G. P., & Shepard, K. G. (2016). Spontaneous Retropharyngeal and Mediastinal Emphysema. *Clinical and Experimental Otorhinolaryngology*, 9(2), 178–181.