



Clinical Image

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Cervical Subcutaneous Emphysema and Pneumomediastinum Caused by Perforated Diverticulitis



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Clinical Image

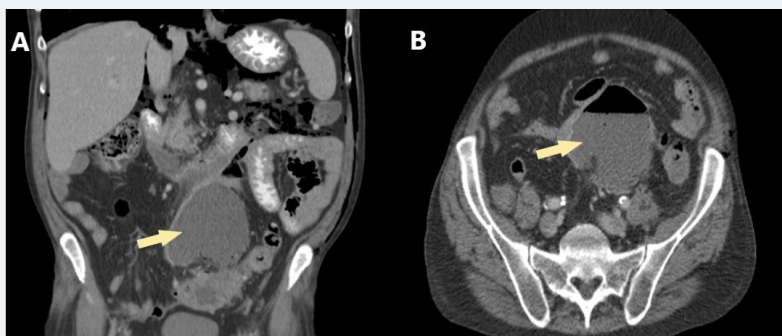


Figure 1: Coronal (A) and axial (B) abdominal CT scan shows an intraabdominal abscess (yellow arrow) and unstructured mesosigmoid due to perforated diverticulitis.



Figure 2: Coronal (A) and axial (B) cervicothorax abdominal CT scan with pneumoperitoneum, pneumothorax, retroperitoneum and cervical subcutaneous emphysema (white arrows).

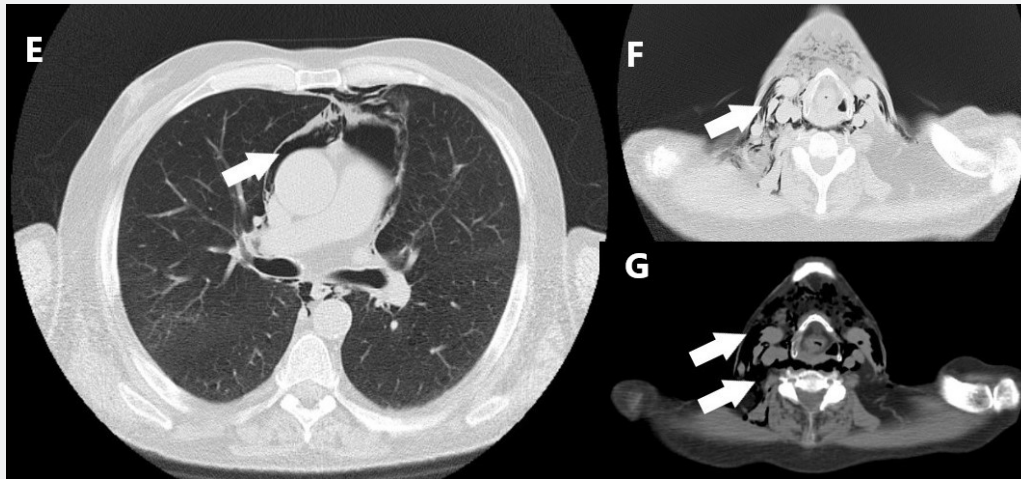


Figure 3: Coronal (E, F, G) cervicothorax CT scan: extensive pneumomediastinum and cervical subcutaneous emphysema (white arrows).

Diverticular disease is a digestive pathology very frequent in the emergency departments. The most common symptom is abdominal pain [1]. However, cervical subcutaneous emphysema and pneumomediastinum [2,3] are rare clinical presentations, whose knowledge is interesting in clinical practise. A 59-year-old man with IV stage lung cancer arrived at emergency room with painful swallowing and foreign body sensation in his thorax. On physical examination, patient presented cervical and thoracic subcutaneous emphysema and abdominal pain without signs of peritoneal irritation. CT scan showed extensive abscess with diverticular disease and parietal thickening of the sigma [Figure 1]. Extensive pneumomediastinum, pneumoperitoneum, retro pneumoperitoneum and cervical subcutaneous emphysema were also shown (Figures 2 & 3).

During surgical exploration we found a perforated diverticulum with abscess and peritoneal carcinomatosis. Biopsies and sigma

resection with colostomy were performed. The pathology report described diverticular disease and peritoneal carcinomatosis secondary to pulmonary neoplasia. At the end, he died 20 days after surgery.

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