

## **Pneumomediastinum after a swimming race and dental extraction**

Alessandro Baisi, Matilde De Simone and Ugo Cioffi

*Asian Cardiovascular and Thoracic Annals* published online 16 July 2013

DOI: 10.1177/0218492312472516

The online version of this article can be found at:

<http://aan.sagepub.com/content/early/2013/07/16/0218492312472516>

---

Published by:



<http://www.sagepublications.com>

On behalf of:



[The Asian Society for Cardiovascular Surgery](#)

**Additional services and information for *Asian Cardiovascular and Thoracic Annals* can be found at:**

**Email Alerts:** <http://aan.sagepub.com/cgi/alerts>

**Subscriptions:** <http://aan.sagepub.com/subscriptions>

**Reprints:** <http://www.sagepub.com/journalsReprints.nav>

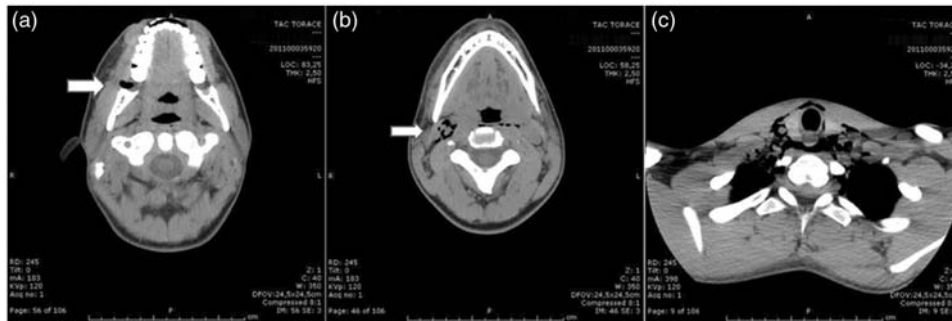
**Permissions:** <http://www.sagepub.com/journalsPermissions.nav>

>> [OnlineFirst Version of Record - Jul 16, 2013](#)

[What is This?](#)

# Pneumomediastinum after a swimming race and dental extraction

Alessandro Baisi<sup>1</sup>, Matilde De Simone<sup>2</sup> and Ugo Cioffi<sup>2</sup>



**Figure 1.** Computed tomography showing (a) air in the empty socket of the lower right third molar (arrow), (b) air in the right submandibular space (arrow), and (c) neck and upper mediastinal emphysema.

A 16-year-old male competitive swimmer presented with dyspnea, chest pain, and right neck crepitus after a race. He had undergone an uncomplicated lower right third molar tooth extraction 2 days earlier. He had no known allergies. On examination, he was alert, well-perfused, and afebrile. The peritoneal signs were negative. A chest radiograph showed subcutaneous emphysema with pneumomediastinum. Computed tomography showed submandibular, neck, and mediastinal emphysema (Figure 1). Conservative therapy based on observation and prophylactic parenteral administration of antibiotics (clindamycin 450 mg

every 6 h and ceftriaxone 2 g daily for 10 days) was successfully adopted, and he was discharged after 3 days.

## Funding

This research received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.

## Conflicts of interest statement

None declared.

<sup>1</sup>Thoracic Surgery Unit, University of Milan, Azienda Ospedaliera San Paolo, Milan, Italy

<sup>2</sup>Department of Surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Milan, Italy

## Corresponding author:

Ugo Cioffi, MD, PhD, Department of Surgery, Fondazione IRCCS Ca' Granda Ospedale Maggiore Policlinico, Via F. Sforza 35, 20122 Milan, Italy.  
Email: ugo.cioffi@policlinico.mi.it