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What is This?
Pneumomediastinum after a swimming race and dental extraction

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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.

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Conflicts of interest statement
None declared.

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.