

## Spontaneous Pneumomediastinum: Unusual Cause of Sore Throat



A 14-year-old girl presented with sore throat and sudden progressive pain on both sides of the neck that was exacerbated by swallowing. Physical examination yielded subcutaneous emphysema distributed from shoulder to neck. The air leakage in paratracheal lesion and retropharyngeal space was identified on frontal and lateral neck radiography (Figure 1, A and B). A computed tomography scan showed air streaks distributed from the anterior mediastinum to the Eustachian tube through neck (Figure 2, A-C). She had no complications, including asthma. Subcutaneous emphysema and pneumomediastinum disappeared after 5 days of bed rest. She had no recurrence during a follow-up of 24 months.

Spontaneous pneumomediastinum is characterized by free air in the mediastinum that occurring without iatrogenic procedures or trauma.<sup>1</sup> Although rupture of a pulmonary alveolus is believed to induce pneumomediastinum in most cases, the air leakage from the cervical lesion including the Eustachian tube also causes cervical emphysema and pneumomediastinum.<sup>2</sup> Because air cannot move beyond the pharyngobasilar fascia, it is plausible that excess emphysema expanded to the retropharyngeal space, and stimulated the pharyngeal nerve plexus, which causes sore throat. Although spontaneous pneumomediastinum is usually a self-limiting disease, prompt diagnosis and follow-up are necessary to

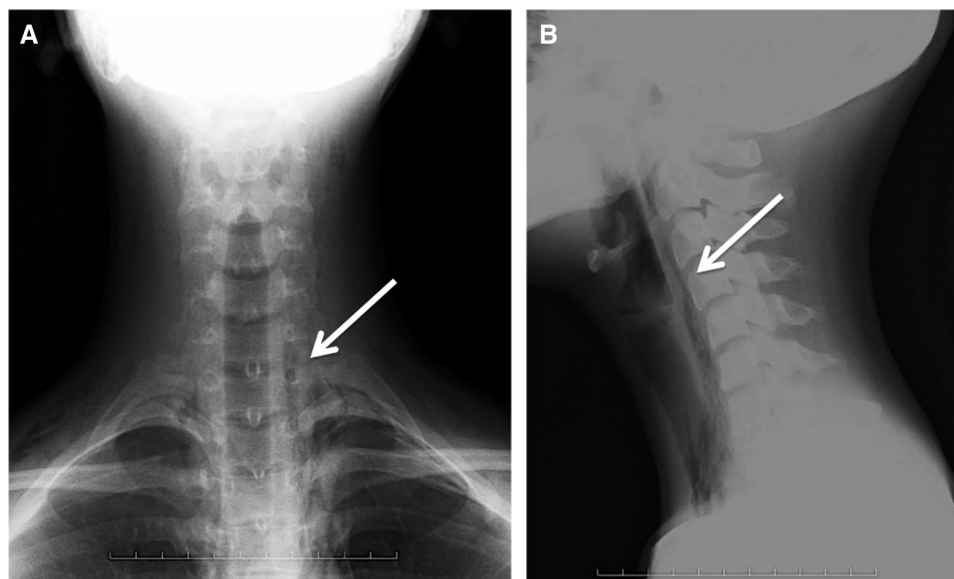
avoid fatal complications by tension pneumomediastinum.<sup>3</sup> Because a history of asthma, vomiting, the Valsalva maneuver, and intense sport activities are considered as potential predisposing factors, the risk of pneumomediastinum recurrence is low.<sup>4,5</sup> The physical examination of neck is an important tool to suspect cervical emphysema and subsequent pneumomediastinum. Chest and cervical radiographs are useful for the diagnosis of this disease if computed tomography scan is not possible. Spontaneous mediastinum must be included in the differential diagnosis when treating adolescent patients with atypical pain in the head and neck regions. ■

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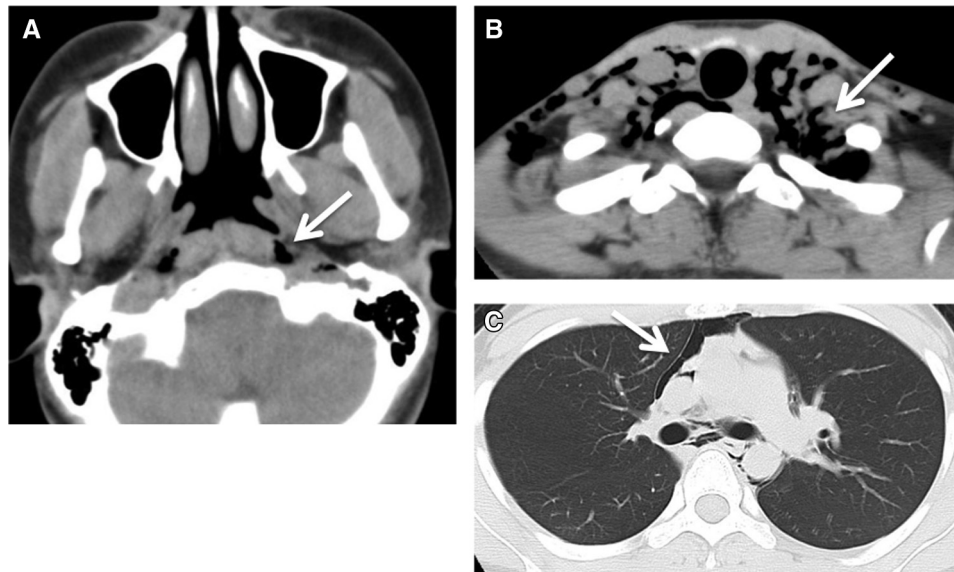
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**Figure 1.** A, A frontal and, B, lateral and anteroposterior radiograph of the neck showed air leakage in paratracheal lesion and retropharyngeal space (arrows).



**Figure 2.** A-C, A computed tomography scan showed air streaks distributed from the Eustachian tube to the anterior mediastinum.

## References

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## Pigmented Fungiform Lingual Papillae



**A**n otherwise healthy 8-year-old Latin-American boy presented at the dermatology clinic with multiple common warts on the hands. Physical examination also revealed multiple asymptomatic and sharply demarcated hyperpigmented pinhead papules on the dorsum and tip of the tongue (**Figure**). No other mucocutaneous lesions were observed. The parents did not present with oral mucosa or skin hyperpigmentation. Based on the characteristic clinical features, a diagnosis of pigmented fungiform lingual papillae (PFLP) was made. No treatment or follow-up visits were indicated.

PFLP is an asymptomatic, benign, nonprogressive condition characterized by dark-brown to black pinhead papules on the tip or dorsum of the tongue, correlated with hyperpigmentation confined to fungiform papillae. Pigmentation of the proximal nail folds and gums has also been reported.<sup>1</sup> PFLP is more frequent in blacks, Asians, and Hispanics and typically presents in young individuals during the second



**Figure.** Hyperpigmented pinhead papules on the dorsum and tip of the tongue.