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Pulmonary barotrauma related to scub a diving

Francisco J. DÍAZ MIGUEZ[1], Manuel J. VÁZQUEZ LIMA[1], Ignacio VÁZQUEZ LIMA[2]

[1]Servicio de Urgencias. [2]Servicio de Radiodiagnóstico. Hospital Do Salnés. Vilagarcía de Arousa, Spain.

A 35 year-old man with a history of spontaneous pneumothorax attended the ED after scuba diving with compressed air and rising rapidly to the surface from a depth of 8 metres. He had a sensation of bloating in the face and neck, bi-tonal voice, dyspnea and stabbing chest pain which increased with inspiration. Physical examination showed laterocervical crackles on palpation and dysphonia. He had no neurological manifestations of air/gas embolism and his electrocardiogram was normal. Laboratory tests only showed leukocytosis and the rest was normal. X-ray showed subcutaneous emphysema with pneumomediastinum and apical pneumothorax (Figure 1). Oxygen via a mask with reservoir was prescribed. He was later transferred to the hyperbaric medicine unit where he underwent 2 sessions of treatment in the hyperbaric chamber. At 24 hours, the patient was asymptomatic, and the pneumothorax, pneumomediastinum and subcutaneous emphysema had resolved. He was discharged home.

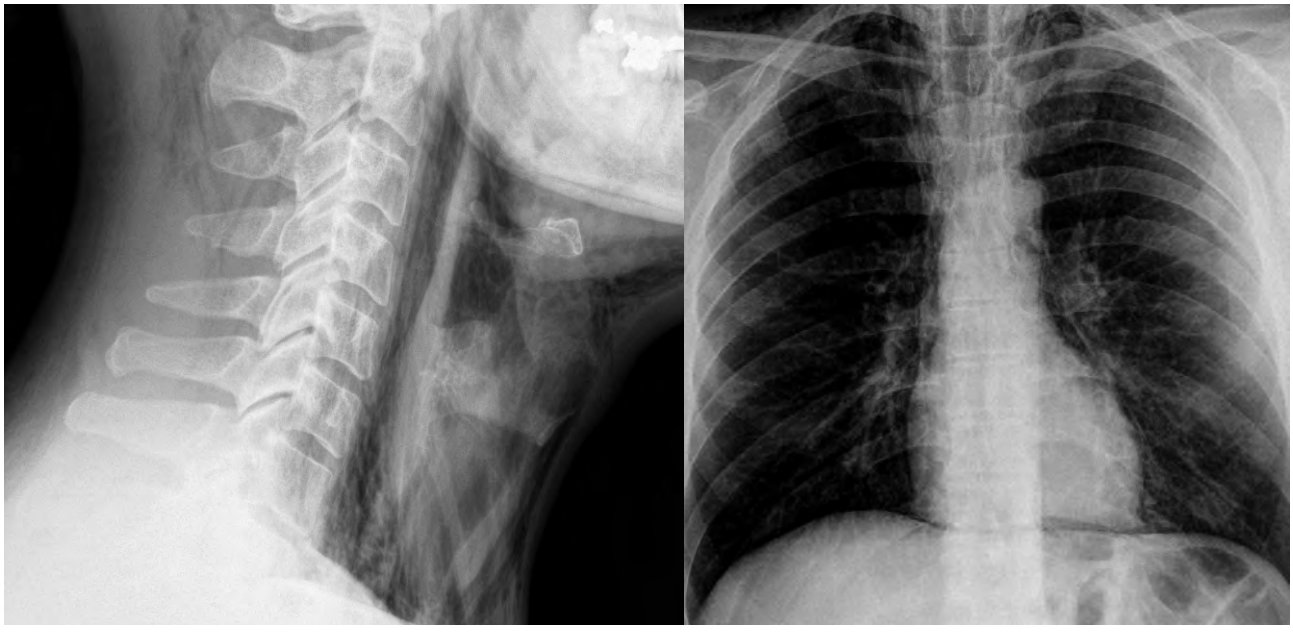

Figure 1. Lateral cervical X-ray showed subcutaneous emphysema (left). Posteroanterior chest X-ray showed pneumomediastinum and right apical pneumothorax (right).

Correspondence: M. J. Vázquez Lima. Servicio de Urgencias. Hospital de Salnés. Rua do Hospital 30. 36614 Vilagarcía de Arousa. Pontevedra, Spain. E-mail: mvazlim@gmail.com
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