IMAGES

Iatrogenic pneumoscrotum as a complication of noninvasive mechanical ventilation

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An 85 year-old man with serious chronic obstructive pulmonary disease (COPD) consulted the emergency department for dyspnea at rest accompanied by right-sided pleuritic chest pain. On admission the patient showed general malaise, tachycardia and tachypnea. Arterial blood gas test showed: pH 7.16, PaO_2 56 mmHg, $PaCO_2$ 118 mmHg and HCO_3 32.3 mmol/L. With the diagnosis of severe COPD exacerbation, medical treatment was initiated and chest X-ray revealed right-sided pneumothorax (Figure 1, left). Unfortunately, the X-ray was not seen until after non-invasive mechanical ventilation had begun. Minutes later, the patient's condition worsened and he developed pneumomediastinum and subcutaneous emphysema that spread across the face, chest, abdomen, legs and scrotum (Figure 1, right). After cessation of mechanical ventilation and placement of a chest tube, patient evolution was satisfactory.

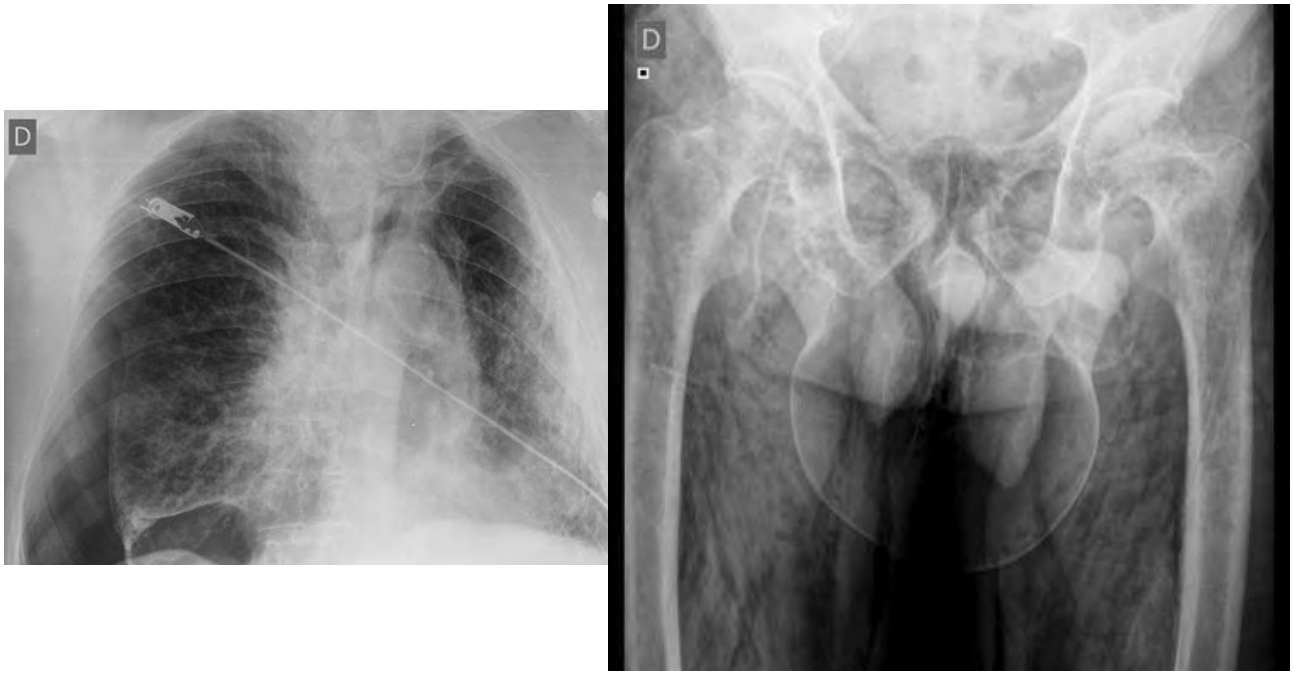

Figure 1. Left: chest X-ray showing right pneumothorax. Right: hip X-ray showing subcutaneous emphysema in the legs and scrotum.

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