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A rare case of primary spontaneous pneumomediastinum with dysmenorrhea Think fast and safe, Think PoCUS

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Background: Primary spontaneous pneumomediastinum (SPM) was reported in 1939 by Hamman, for whom the Hamman sign is named. (SPM) is a rare condition with an incidence of less than 1:44,000 and is said to be more common in young males. Careful history taking, physical examination, high index of suspicion and careful choice of radiological examination is needed to avoid missing the diagnosis.

Case presentation: We report a 16 years old female presented to emergency department (ED) complaining of chest pain, vomiting and abdominal pain related to dysmenorrhea. The patient was referred from a primary health center as case of chest pain for further work up. Clinical diagnosis was missed after the initial chest x ray being reported by radiologist as normal. Another chest x-ray (CXR) was obtained in ED after about 12 hours showing surgical emphysema and continuous diaphragm sign. CT chest with gastrographin was done confirming the diagnosis showing no esophageal leak. The patient was admitted 4 days under conservative management and was discharged asymptomatic with negative repeated x-ray.

Discussion: CXR reportedly misses or underestimates the severity of the SPM in 10–30% of cases. When CXR is equivocal but SPM is clinically suspected, computed tomography is generally considered the diagnostic standard of choice. Since was first described in 1983 as the (air gap sign), there is an expanding role for Ultrasound in diagnosing SPM. We recommend use of Point of Care Ultrasound (PoCUS) as an additional diagnostic tool in ED as it is safe, fast and radiation free.

Biography

Hazem Amer has completed his Egyptian Fellowship in emergency medicine at 2008, and in 2016 he achieved membership by examination in Royal College of emergency medicine. worked as emergency medicine registrar in armed forces in KSA, where he was a member of morbidity and mortality committee, and the medical education director in emergency department in Prince Mansour Military Hospital. Joining Hamad medical corporation in 2013, where he became a faculty member and a mentor in residency program. participated in educational activities, audits, headed a quality improvement project in Hamad General hospital

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