



Image of the month

Pneumomediastinum and Cervical Emphysema as a Debut of Colorectal Anastomotic Leakage[☆]



Neumomediastino y enfisema cervical como comienzo de dehiscencia de anastomosis colorrectal

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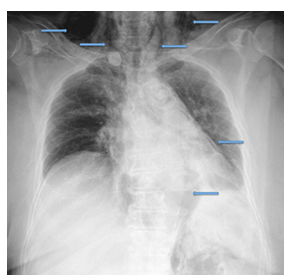


Fig. 1

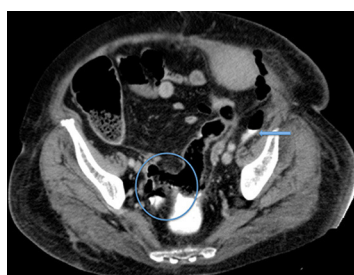


Fig. 2



Fig. 3

The patient is an 83-year-old woman with Alzheimer's who had been discharged 4 days earlier after a sigmoidectomy performed 11 days before due to sigmoid adenocarcinoma (pT3N0). She came to the hospital because of general malaise, cough and dyspnoea. Physical examination detected bilateral laterocervical subcutaneous emphysema. Work-up showed lactic acid 2.5 mmol/L, neutrophils 12,860/ μ L and C-reactive protein 466.5 mg/L. A chest radiograph (Fig. 1) showed (from top to bottom) subcutaneous emphysema in the cervical region, pneumomediastinum and retropneumoperitoneum. Thoracoabdominal computed tomography (CT) with intravenous and endorectal contrast revealed, on the axial view (Fig. 2): retroperitoneal contrast (arrow), anastomotic dehiscence and adjacent extravasation of contrast (circle). The coronal slice demonstrated (Fig. 3): retropneumoperitoneum and extravasation of retroperitoneal contrast. The patient was treated surgically, at which time we found dehiscence of the colorectal anastomosis. Cultures were positive for *Enterococcus*, *Bacteroides*, *Clostridium* and *Morganella morganii*. Hartmann's procedure was performed and a drain inserted. The patient was discharged 60 days later.

[☆] Please cite this article as: de la Plaza Llamas R, Ramia Ángel JM, García Amador C, López Marcano AJ. Neumomediastino y enfisema cervical como comienzo de dehiscencia de anastomosis colorrectal. Cir Esp. 2015;93:e81.

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