

Progressive dyspnea

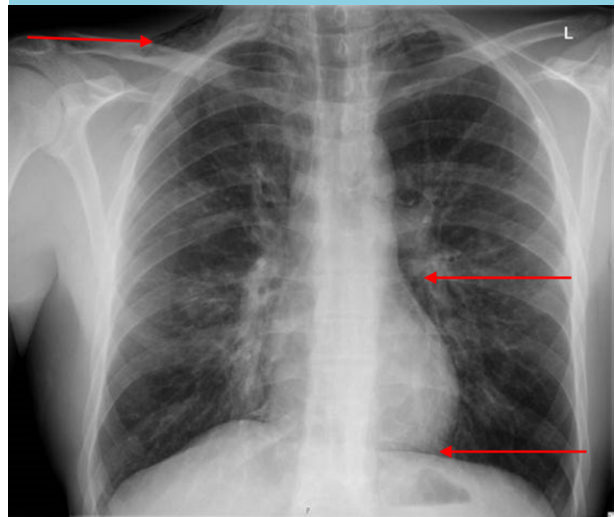
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CASE REPORT

A 22-year-old male presented to the emergency department with progressive dyspnea, cough, episodes of fever and chest pain. There was no history of vomiting or extensive alcohol intake or trauma. His medical history included asthma and the use of cannabis and MDMA (commonly known as ecstasy). On physical examination, the patient was tachypnoeic and his oxygen saturation was 90% in ambient air. His chest sounds were normal and there were no cardiac murmurs. Laboratory results yielded normal leucocytes, a C-reactive protein of 235 mg/l, elevated creatine kinase and lactate dehydrogenase levels of 326 U/l and 453 U/l, respectively with normal cardiac enzymes. An echocardiogram was significant for a sinus tachycardia with normal conduction times but repolarisation abnormalities in leads V2 to V6. A chest X-ray was performed (*figure 1*).

Figure 1. An X-ray showing subcutaneous emphysema (upper red arrow); a pneumomediastinum can also be seen (lower red arrow)



WHAT IS YOUR DIAGNOSIS?

See page 37 for the answer to this photo quiz.