

Case Blog

Title: Periorbital Subcutaneous Emphysema

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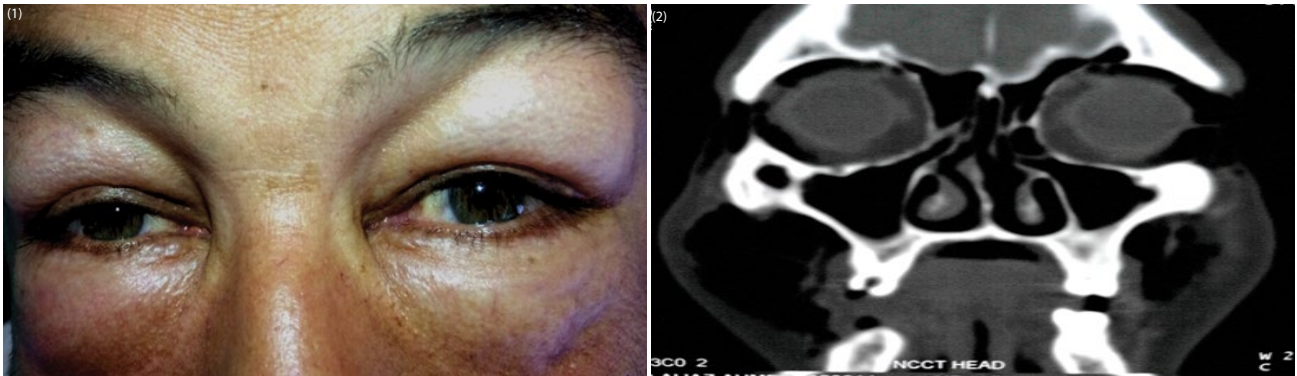


Figure 1: Diffuse crepts were palpable around eyes, left side of chest and neck.

Figure 2: CT confirmed the diagnosis of subcutaneous emphysema around eyes and chest wall.

Forty years old male was admitted with fever, cough and breathlessness since five days. Examination revealed signs of pleural effusion on left side of chest. Chest X-Ray showed left sided pleural effusion and left middle zone consolidation. Pleural fluid analysis suggested empyema. Patient was managed with intravenous antibiotics and left-sided inter-costal tube drainage. A day after thoracostomy patient developed swelling around eyes and thoracostomy site. Diffuse crepts were palpable around eyes, left side of chest and neck (Figure 1). CT confirmed the diagnosis of subcutaneous emphysema around eyes and chest wall. Swelling disappeared with conservative management within next three days (Figure 2).

Periorbital emphysema is mostly due to disruption in the integrity of orbital boundaries because of trauma and subsequent orbital and sinus fractures. Less frequently follows dental surgeries. As a result of continuity of facial planes it can rarely occur as a result of spread from neck and chest subcutaneous tissue.