Report of a Case of Subcutaneous Emphysema in the Neck RegionFollowing a Rhinoplasty Cosmetic Surgery

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Abstract

Introduction: Insertion of a secure airway is an essential measure to be taken in production of a state of general anesthesia. Given the physiological and anatomical conditions of the patient's airway, insertion of the airway and provision of mechanical ventilation can sometimes lead to complications such as subcutaneous emphysema. Patient introduction: The patient was a 23-year-old woman hospitalized at the Otorhinolaryngology Department to undergo a rhinoplasty surgery. She had ahistory of asthma and use of bronchodilator inhaled medications. After surgery and 35 minutes ofpresence at the Recovery Department, the patient exhibited no serious problem, and was transferred to the department after consciousness was regained and full awareness was ensured, protective reflexes were regained, absence of bleeding was ensured and vital signs were stabilized, and absence of dyspnea was ensured. After fully awakened, she was transferred to the Otorhinolaryngology Department without dyspnea complaint. No serious problem was observed either, while the patient was hospitalized at the department, and she was discharged with good general condition. Two days later, the patient revisited the hospital complaining about dyspnea and subcutaneous emphysema inthe neck region. Following this visit, she was hospitalized at the Intensive Care Unit. Upon entry into the hospital, the patient was provided with emergency general surgery advisory, where subcutaneousemphysema in the neck region was clearly diagnosed. During the three days of hospitalization at theICU, she underwent recovery while receiving oxygen via the nasal cannula and drug treatment. After aconsiderable decrease in emphysema level, the patient was transferred to the Otorhinolaryngology Department as she had regained awareness, and exhibited no respiratory distress. She was discharged with good general condition five days after hospitalized given the results of the new advisory and visit.

Conclusion: According to its pathology, asthma involves extreme retention of air in the lungs and air trapping, which can probably be referred to as one of the causes of the patient's problem (emphysema and pneumomediastinum). Another cause for the above complication can be the mesh placed in the patient's nose for the period after surgery and the frequent sneezing and coughing resulting from it.

Keywords

Author Keywords: Dyspnea; Subcutaneous emphysema; Asthma

KeyWords Plus:ENDOTRACHEAL INTUBATION; TONSILLECTOMY; MANAGEMENT