



Hamman's syndrome

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Hamman's syndrome is characterized by the sudden occurrence of spontaneous pneumomediastinum related to high intensity physical exercise, severe cough, or drug inhalation.⁽¹⁾

With an incidence of about 1 per 30,000 emergency patients,⁽²⁾ Hamman's syndrome mainly affects males in the second decade of life, several of whom having asthma. The most common signs and symptoms are sudden chest pain and dyspnea, followed by stridor, dysphagia, or dysphonia.⁽³⁾

A 25-year-old male, former smoker, had an episode of intense cough during a football match, developing sudden oppressive intense precordial chest pain, dyspnea, dysphonia, and odynophagia. No history of trauma, surgery/other invasive procedures, drug

inhalation, or vomiting was reported. Admitted to the ER, the patient showed an exuberant cervical swelling and crackles during palpation. CT scanning showed massive pneumomediastinum and cervical subcutaneous emphysema (Figure 1). After exhaustive investigation, we found that the abrupt increase in intrathoracic pressure was the consequence of an episode of forceful cough during an intense physical activity, characterizing Hamman's syndrome. Spontaneous pneumomediastinum was totally resolved without the use of invasive procedures.

We intend to alert that Hamman's syndrome should be included in the differential diagnosis of young patients with sudden cervicothoracic complaints, because it is potentially fatal if it is not rapidly diagnosed.

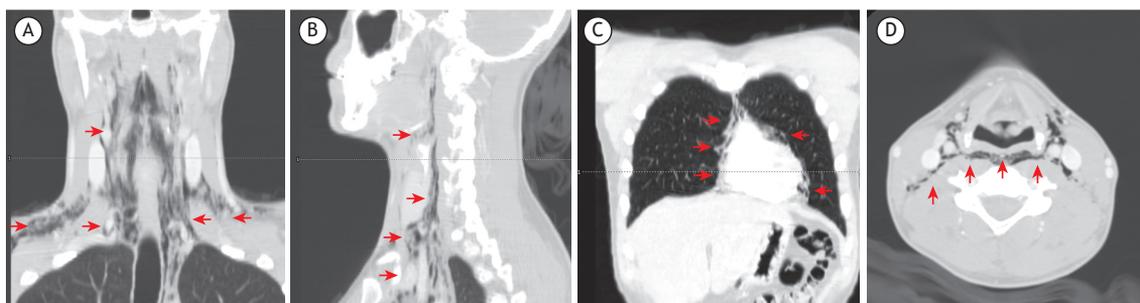


Figure 1. CT scans showing massive spontaneous pneumomediastinum: coronal view (in A) and sagittal view (in B) of subcutaneous emphysema dissecting through the cervical fascia; massive pneumomediastinum (in C); and subcutaneous emphysema reaching the base of the skull (in D).

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