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### **CORRESPONDENCE**

#### **RARE COMPLICATION OF RIGID BRONCHOSCOPY: SUBCUTANEOUS EMPHYSEMA**

**Manelle RJIMATI, Mohamed Chakib BENJELLOUN**

Department of Pulmonology, University Hospital Center Hassan II, Fez, Morocco, Sidi Mohammed Ben Abdellah University.

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##### **Manuscript History**

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#### **Abstract**

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#### **CASE REPORT:-**

A 63-year-old patient was admitted to our department for rigid bronchoscopy. The patient has a history of dyspnea and a cough for 3 months, with an important weight loss. A chest scan was performed, showing a tumor process at the level of the right upper lumbar bronchus with a mediastina mass at the level of the Left Upper Lobe, lymphadenopathy and lytic bones lesions of the sternum.

A flexible bronchoscopy was performed: the right main bronchus was completely obstructed and the segmentaries of the left main bronchus were hardly catheterized. The anapathological report of the bronchial biopsies showed a malignant tumor.

A rigid bronchoscopy was done to unblock the right main bronchus and protect the left bronchus from possible obstruction. The procedure was performed, without any instant incident except a minimal bleeding that has been well controlled. 24 hours later, the patient has presented a significant subcutaneous emphysema. Swelling and crepitus diffuse facial (Panel A) cervical (Panel B) and thoracic (Panel B) subcutaneous emphysema appeared in bilateral way but more accentuated on the right side. The oxygen saturation remained stable, and no hemoptysis was described. A chest scan was performed immediately to eliminate an emergency like a pneumothorax, it showed a medium pneumomediastinum with an important diffuse subcutaneous emphysema (Panels D, E, F) and it showed up a breach in the posterior wall of the left mainstem bronchus (Panel C).

The evolution was marked by a spontaneous resolution of the emphysema after 5 days, without any intervention. The patient was discharged and referred to oncology for further treatment.

#### **Corresponding Author:- Manelle RJIMATI**

Address:- Department of Pulmonology, University Hospital Center Hassan II, Fez, Morocco, Sidi Mohammed Ben Abdellah University.

