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Pneumothorax and pneumomediastinum post paracetamol overdose; an unusual presentation

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Description

We present the case of a 16-year-old adolescent who presented to the Emergency Department following an episode of severe vomiting after ingestion of 40 tablets of paracetamol. On admission, she complained of nausea and reflux-like symptoms. She denied any other abdominal, respiratory, or cardiac symptoms. Vital signs were within normal limits. Physical examination was remarkable for bilateral neck subcutaneous emphysema. A chest x-ray was performed (Figure 1) on admission showing marked pneumomediastinum, small apical pneumothorax, and subcutaneous emphysema over the neck and chest wall. N-acetylcysteine was commenced in line with the standard of care practice. Initial liver function tests were unremarkable but became significantly deranged peaking on day 3, with a bilirubin of 19 umol/L (ref 0-21), ALT 2177 IU/L (ref 0-33), AST 1009 U/L (ref 0-32) and INR 1.3 before normalizing at the time of discharge. While emesis post paracetamol ingestion is common, the resultant pneumothorax and subcutaneous emphysema as described are not. In this case, these complications were resolved with conservative management, but should they have progressed, their treatment would have been significantly impaired by the patient's severe acute liver injury. Although treatment of paracetamol overdose focuses appropriately on preventing fulminant hepatic failure, the importance of considering other complications is evident.

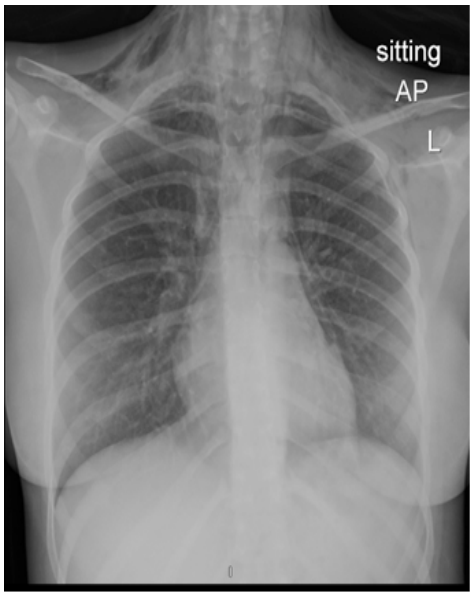

Figure 1: Chest X-ray.

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