

Global Diabetes 2021: Pneumothorax, Pneumomediastinum and Subcutaneous Emphysema as Rare Comorbidities in COVID 19 Pneumonia

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Coronavirus 2019 (COVID 19) patients usually manifest with symptoms of cough, fever and shortness of breath warranting radiographic imaging with continued imaging reassessments after admission. Rare comorbidities found on imaging include pneumothorax, pneumomediastinum and subcutaneous emphysema. Though Pulmonary barotrauma to the alveoli is a well-known cause of these disorders, injury to the alveoli by disease can result in similar presentations. These findings in the presence of the COVID 19 infection, where measures are set in place to prevent ventilator associated trauma or where patients are not intubated and are on High Flow oxygen, suggests the disease process of COVID 19 causing lung friability and therefore predisposition to damage. In this case report, a 47-year-old African American male with past medical history significant for kidney transplantation in

2014, obesity class 1 and asthma presents to his Nephrologist with cough and shortness of breath. Patient was diagnosed with bilateral pneumonia and sent to Emergency department where he was diagnosis with COVID 19 pneumonia. Though started on Vapotherm after admission, patient declined and was subsequently intubated on day 7. All measures were taken to prevent barotrauma, but on day 8 the patient again declined. On evaluation, chest x-ray noted patient with pneumothorax, pneumomediastinum, and subcutaneous emphysema. Chest tube was placed, but eventually patient expired on day 13. This case highlights some of the rare comorbidities in the COVID 19 disease process, emphasizing the friability of the lung tissue due to this disease.