

## A NEONATE WITH SPONTANEOUS PNEUMOMEDIASTINUM

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A male infant with a birth weight of 3,130 g was born to a 28-year-old woman by cesarean section after 41 weeks of gestation. His first-and second-minute Apgar scores were 7 and 9, respectively. The baby was kept with his mother after delivery. A chest X-ray that was obtained with a suspicion of a fractured clavicle after a routine physical examination revealed the presence of air in the midline within the mediastinum, with no signs of any damage to the clavicles (Figure 1). The newborn was admitted for further evaluation with a preliminary diagnosis of cystic adenoid malformation and pneumomedi-

astinum. He did not have any signs of breathing difficulty, and his partial oxygen pressure in room air was 90 mm Hg. Persistence of the same findings on follow-up chest X-rays prompted subsequent evaluation with a computerized tomography (CT) scan of the thorax (Figure 2). The presence of an air density in the anterior mediastinum led to a diagnosis of pneumomediastinum. The patient did not develop any breathing difficulties that required oxygen supplementation and was eventually discharged with pending follow-ups on an out-patient basis.

Spontaneous pneumomediastinum that develops

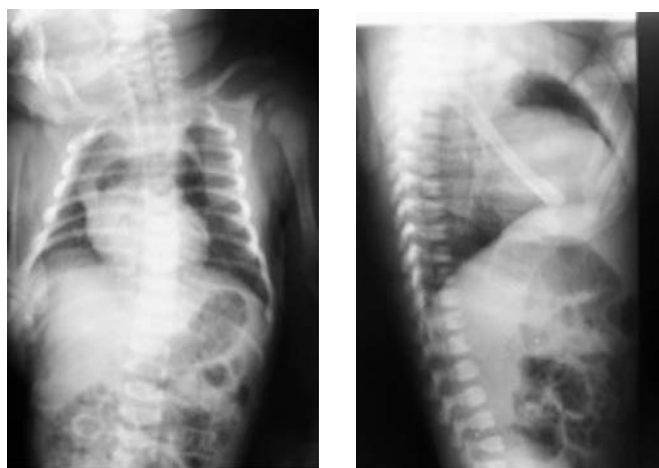


Figure 1: Posteroanterior (a) and lateral (b) chest radiographs.

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Figure 2: Thoracic CT images showing the presence of air within the anterior mediastinum

without the presence of an underlying cause and that does not require assisted ventilation is a rare entity in neonates. Spontaneous pneumomediastinum should be considered in the differential diagnosis of an otherwise healthy newborn with suspicious mediastinal radiolucency on a chest X-ray.

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