Bursting the Bubble: A Rare Case of Pneumomediastinum in Acute Eosinophilic Pneumonititis

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Background

Pneumomediastinum is an uncommon complication of lung disease, particularly in young. otherwise healthy adults. Acute eosinophilic pneumonitis (AEP) is rare, and its presentation with pneumomediastinum is exceptional. AEP often mimics common respiratory infections and can be easily overlooked. Pneumomediastinum adds diagnostic complexity, particularly in young patients where serious pathology is less suspected.

Case Report

A 25-year-old male presented with 2 weeks of fever, cough, and left-sided chest pain. One week earlier, he was reviewed at SEC with chest X-ray nil acute, and D-dimer negative, and discharged on antibiotics.

He re-presented with persistent symptoms and shortness of breath.

On assessment, he was stable (NEWS2 = 3) with scattered crackles. Bloods showed WCC 11.9 x10°/L, **eosinophils 1.56 ×10/L**, D-dimer 901. CR revealed minor right upper zone opacification. Wells score was 4.5. CT pulmonary angiogram excluded PE but demonstrated pneumomediastinum and bilateral inflammatory changes. Microbiological workup (COVID, pneumococcal, legionella, TB quantiferon, and cultures) was negative.

Differentials :Tuberculosis,Pneumonia,Viral wheeze

A diagnosis of acute eosinophilic pneumonitis complicated by pneumomediastinum was made.

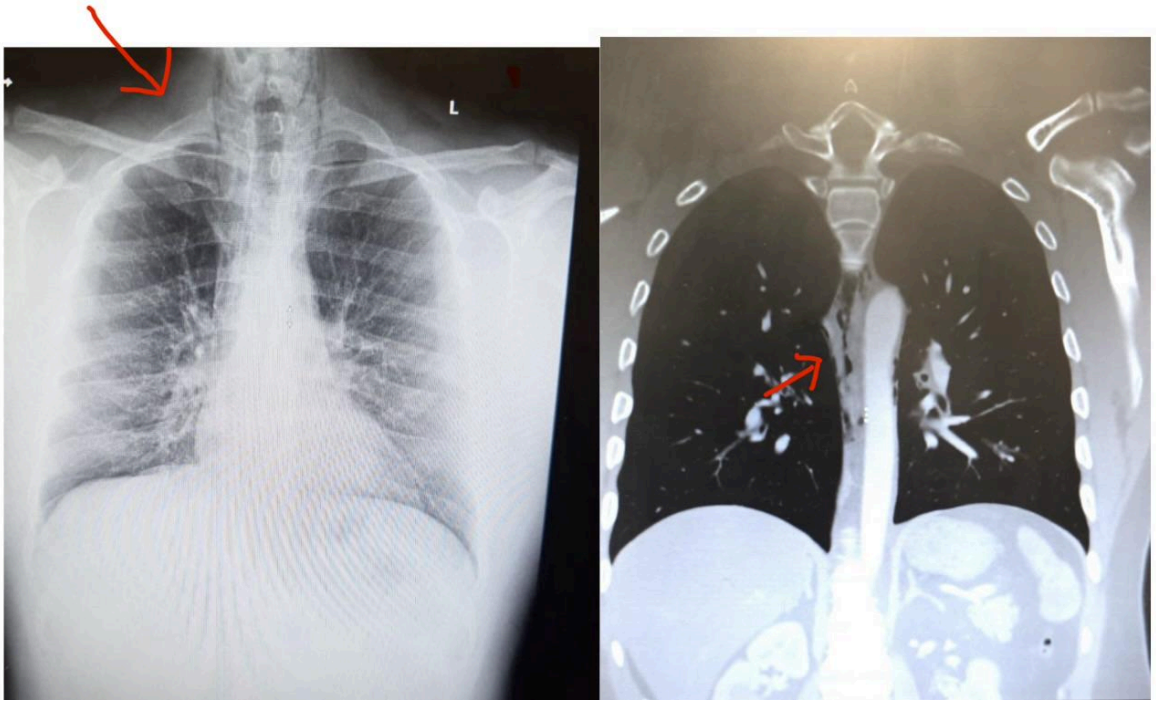
Discussion:

This case demonstrates the diagnostic pitfalls of AEP: non-specific symptoms, normal initial tests, and mimicry of pneumonia or PE. Pneumomediastinum added further complexity, delaying recognition.

Learning points

1. Pneumomediastinum is an exceptional complication of AEP
2. AEP should be suspected when symptoms persist despite appropriate antibiotics, Peripheral eosinophilia should prompt consideration of non-infective lung disease.
3. CT imaging is crucial for diagnostic clarity when first-line tests are inconclusive.common complication of lung disease, particularly in young. otherwise healthy adults. Acute eosinophilic pneumonitis (AEP) is rare, and its presentation with pneumomediastinum is exceptional. AEP often mimics common respiratory infections and can be easily overlooked. Pneumomediastinum adds diagnostic complexity, particularly in young patients where serious pathology is less suspected.

X-RAY AND CT IMAGING SHOWING EVIDENCE OF PNEUMOMEDIASTINUM



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