A 58-year-old woman with stage IV epidermoid lung cancer came to our consultation with bitonal voice and cervical edema. Upon examination, she presented an important cervical and thoracic subcutaneous emphysema as well as pain in the left iliac fossa, without peritonitis. A chest radiograph (Fig. 1) and CT (Fig. 2) showed evidence of thickening of the sigmoid colon associated with diverticula with pneumoperitoneum, retropneumoperitoneum, pneumomediastinum, air bubbles in the dorsal epidural space and marked cervical subcutaneous emphysema in the thoracic and abdominal walls, compatible with acute perforated diverticulitis. The patient was treated with empirical antibiotic therapy, after which her condition improved and she was discharged on the 6th day of hospitalization.

Please cite this article as: Sarriugarte Lasarte A, Marin Ortega H, Prieto Calvo M, Fernandez del Val JF. Pneumomediastino y enfisema subcutáneo cervical por diverticulitis aguda perforada colónica. Cir Esp. 2014;92:e55.

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