We report the case of a 47-year old male with no personal history of interest who suffered an insect sting in the right eye with subsequent swelling. His physician administered intramuscular methylprednisolone at a dose of 1 mg/kg and the patient improved. One day later he returned to the doctor due to dysphagia and increased neck circumference (Fig. 1). Treatment with corticosteroids was repeated and antihistamines were added, but the symptoms did not improve. Furthermore, the patient also suffered progressive dyspnoea so he attended the emergency service. The examination revealed significant cervical emphysema in the upper chest region and lung auscultation revealed wheezing. The patient did not refer coughing or vomiting episodes. He was treated with oxygen therapy, intravenous steroids and bronchodilators. Nasofibrolaryngoscopic and oral cavity examinations were normal and the airway was not affected. A cervico-thoracic CT scan was performed (Figs. 2 and 3). The results revealed extensive emphysema in cutaneous and deep cervical planes, extending to the thorax and with signs of pneumomediastinum and emphysema in the axillary and chest wall region, with no evidence of pneumothorax. Due to increasing FIO2 requirements, the patient was admitted to the ICU with pre-treatment. The patient remained haemodynamically stable in the ICU, so FIO2 was reduced and he was transferred to the pulmonology department under the belief that the condition had been triggered by a first asthma attack. Subsequently, the patient improved with conservative treatment and was discharged.
Figure 1  Physical examination: significant cervical emphysema.

Figure 2  Cervical CT scan: presence of air dissecting deep muscle planes.

Figure 3  Chest CT scan: pneumomediastinum.