External trauma to the larynx is rare with an incidence of 1/30,000. It usually presents in young adult males, after traffic or sports accidents. The presence of pneumomediastinum and/or pneumopericardium is a rare condition which may occur after a laryngeal trauma, secondary to the Valsalva effect in the airways caused by a coughing fit, deep breathing, nausea or vomiting. Minor dehiscence of the laryngeal skeleton enables air to be expelled, due to the increased pressure in the airway, to the cervical spaces and secondarily to the mediastinum and pericardium.

The images we present are those of a 28 year old patient who, whilst practising sport (basketball), suffered a mild trauma to the anterior larynx with no immediate clinical repercussions, except a coughing fit, which a posteriori (4 h) led to dyspnea and chest pain secondary to pneumomediastinum and pneumopericardium.

Fig. 1 shows a chest x-ray with double contours in the cardiac silhouette (arrow heads) and the presence of subcutaneous air in the right supraclavicular fossa (arrow).

Fig. 2 shows axial TAC imaging where the discontinuity in the cricothyroid membrane is appreciated with an expulsion of air to the anterior cervical and posterior cervical spaces.

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The patient was hospitalized under observation with a cervical compression bandage. Endoscopic laryngeal examination was normal. The patient was discharged after 48 hours, following an improvement in radiographic control and with no further symptoms.

Clinical suspicion, findings from examination and x-rays are essential for diagnosis. Prognosis is good and resolution of the trauma in a few days is standard, with conservative treatment.

**Conflict of Interests**

The authors have no conflict of interest to declare.