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Subcutaneous emphysema of the chest: could it be pulmonary mucormycosis?

A 54-year-old diabetic man presented with acute respiratory distress, progressive swelling of the chest wall, productive cough and low-grade fever.

Chest radiographs showed increasing subcutaneous emphysema and pneumomediastinum (figure 1). CT scanning revealed a thin-walled cavity in the right lung, communicating with the posterior segmental bronchus of the right upper lobe (figure 2a) with rupture into the chest wall (figure 2b). Bronchoscopy showed white-coloured membranes within the posterior segmental bronchus which were biopsied. Histopathology and fungal culture confirmed it to be invasive mucormycosis (figure 3a, b). Despite antifungal treatment, the patient died.

Progressive subcutaneous emphysema in pulmonary mucormycosis has not been reported in the literature and should be considered, especially if the patient is diabetic or immunocompromised.1 2 Early diagnosis and treatment will contribute towards a successful outcome.

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