

A Case of Traumatic Pharyngeal, Cervical, and Mediastinal Emphysema Developed During Sexual Filming

Ayano Yamada¹, Atsunobu Tsunoda^{1*}, Tomo Arai¹, Hotchi², Makoto Suzuki² and Fumiaki Sano³

¹Department of Otolaryngology, Juntendo Nerima Hospital, Tokyo, Japan

²Department of Emergency, Juntendo Nerima Hospital, Tokyo, Japan

³Department of General Medicine, Juntendo Nerima Hospital, Tokyo, Japan

*Corresponding author: Atsunobu Tsunoda, Department of Otolaryngology, Juntendo Nerima Hospital, Tokyo, Japan.

E-mail: atsunoda@mac.com

Received: March 18, 2024; Accepted: April 02, 2024; Published: April 15, 2024

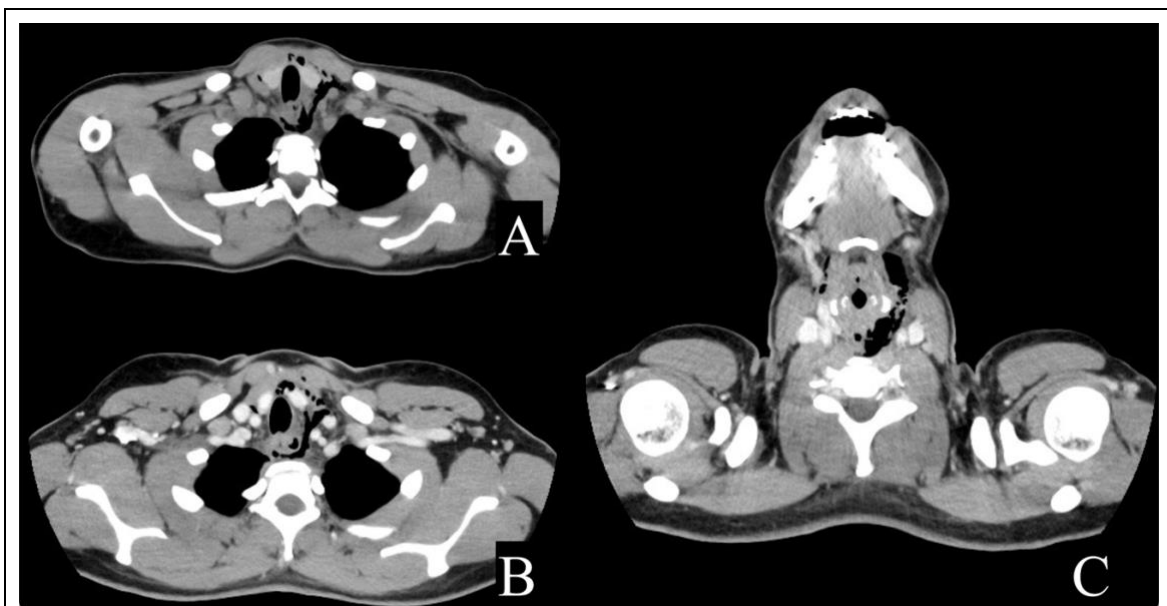


Figure 1: A plain computed tomography revealed gas in the nasopharynx, temporomandibular joint, pharynx, larynx, and tracheal bifurcation area (A), however, no enhancement around the emphysema (B,C).



Figure 2: A wound on the posterior wall of the pharynx.



Figure 3: The emphysema had disappeared.

Clinical Image

A 21-year-old female was admitted to the casualty at 2:00AM. She complained of severe pain from the face to the chest. She also complained of dyspnea and difficulty in opening her mouth. A plain computed tomography (CT) scan revealed gas in the nasopharynx, temporomandibular joint, pharynx, larynx, and tracheal bifurcation area (Figure 1A). From her first interview, she experienced no traumatic episodes, so gas gangrene was first considered. We planned emergency drainage; however, contrast-enhanced CT revealed no enhancement around the emphysema (Figure 1B and C), so we again checked her history from the attendants. According to their interview, they took a video of their sexual scene 4 hours before medical consultation. During filming, an anal plug was inserted into her mouth, and aggressive movement was done. Endoscopy revealed a wound on the posterior wall of the pharynx (Figure 2). Therefore, an anal plug made a laceration on the posterior wall of the pharynx, and the patient's sexual exercise and vigorous breathing during the filming caused extensive emphysema. The patient was hospitalized, and antibiotics were administered. Symptoms gradually ceased, and a CT scan 2 days later showed that the emphysema had decreased. The patient was discharged from the hospital on the fifth day without worsening symptoms. After 4 weeks, her pharyngeal wound had healed, and the emphysema had disappeared on CT (Figure 3).

Because gas gangrene progresses rapidly and can be fatal, immediate surgical intervention is required. In this case, an accurate medical history was difficult to obtain. Enhanced CT and accurate information from the attendants made an accurate diagnosis and avoided unnecessary surgery.