A 52-year-old man presented to our hospital with chest pain and shortness of breath. He was being treated with chemotherapy for a peri-hilar, infiltrative squamous cell carcinoma of the left lung with nodal involvement.

The chest radiograph (Fig. 1) revealed air outlining the inner surface of the mediastinal pleura, particularly around the aorta and the main pulmonary artery, consistent with pneumomediastinum. A computed tomography (Fig. 2) confirmed the pneumopericardium diagnosis, associated with a sizeable broncho-pericardial fistula created by the necrotic tumour.

Pneumopericardium consists of air around the mediastinal structures, often extending to the neck, chest wall or even causing pneumothorax.\(^1\)\(^,\)\(^2\) It is a rare and often fatal entity.\(^3\)\(^,\)\(^4\) Although pneumopericardium is commonly associated with blunt trauma or iatrogenic causes (such as invasive procedures or mechanical ventilation), other causes should be considered, such as cancer (particularly esophageal and lung cancer).\(^1\)\(^,\)\(^3\)\(^,\)\(^4\)

REFERENCES