# Pneumatocele, Pneumocephalus or Aerocele

## Pneumatocele, Pneumocefalo ou Aerocele



MAGENS MÉDICAS

Jana ZELINOVÁ 21, Marta CUSTÓDIO<sup>1</sup>, Anabela Salgueiro MARQUES<sup>1</sup> Acta Med Port 2018 Jan;31(1):67-67 • https://doi.org/10.20344/amp.9666

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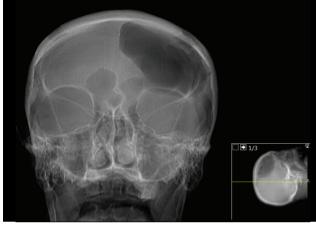


Figure 1 – Radiography image of the computerized tomography with the hyper transparence on the left side of frontal image

An 85 year-old man with head trauma, complicated by bilateral fronto-temporal subdural hematoma was subjected to drainage by trepanation, without neurological sequelae.

One month later, he was re-admitted in the emergency department with gradual deterioration of his neurological state. Clinically, he had a Glasgow coma scale of 9 points (E2M5V2). Head tomography revealed a large left frontal epidural pneumatocele with 45 mm of maximum thickness causing mass effect (midline deviation of 6 mm), and in particular, deforming and collapsing the left lateral ventricle (Fig.s 1 and 2).

A dehiscence of the frontal surgical wound was

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The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association.

#### DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication. Informed consent was duly obtained from the patient.

#### CONFLICTS OF INTEREST

All authors report no conflict of interest.

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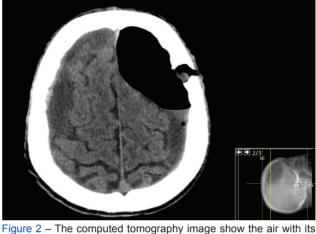
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1. Internal Medicine Department. Hospital de Cascais. Cascais. Portugal

Autor correspondente: Jana Zelinová. janka.zelinova@yahoo.com

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very low density, compressing, deforming and collapsing the left lateral ventricle, showing the dehiscence of frontal surgical wound

confirmed, leading to neurosurgical debridement and closure. A positive recovery was observed.

The presence of gas or air in any intracranial compartment it is called pneumatocele, pneumocephalus or aerocele; it can be extra-axial (epidural, subdural, subarachnoid) or intra-axial (parenchymal, intra-ventricular, intra-vascular).<sup>1-3</sup>

It is most commonly encountered following trauma or surgery and is rarely associated with infections and tumors.  $^{1\cdot3}$ 

It can be fatal if not treated properly.<sup>1-3</sup>