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CLINICAL VIGNETTE

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Hamman's syndrome: an atypical cause of chest pain

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A 17-year-old man presented to the Chest Pain Unit of our hospital 1 h after sudden onset of acute, sharp, neck-irradiated chest pain while sleeping. He had no relevant medical history except for current cigarette smoking. On examination, he was in good general condition, with temperature of 36.7°C, blood pressure 122/77 mmHg, heart rate 83 bpm, and normal cardio-pulmonary auscultation. Astenic constitution and pectus excavatus were also noticed. Twelve-lead electrocardiogram showed no rhythm or repolarization abnormalities. As pointed out in the figure, moderate pneumomediastinum and mild pneumopericardium were first observed in a posteroanterior chest X-ray film and subsequently confirmed by CT scan. Specifically asked about, the patient did not report catarrhal symptoms, intense physical activity or chest trauma during the previous days. In this setting, clinical and radiological findings strongly suggested the diagnosis of spontaneous pneumomediastinum—also known as Hamman's syndrome—an infrequent entity that should be considered for differential diagnosis of acute chest pain specially among young people without risk factors for ischaemic heart disease. Patients with Hamman's syndrome usually have a good outcome with conservative management and serious complications are exceptional. In our case, the patient was admitted for clinical observation and he did well with medical therapy alone, remaining completely asymptomatic during hospital stay. Four days later, complete radiological resolution was confirmed in a new chest X-ray film, so he was discharged.

