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Retropharyngeal haematoma causing acute airway obstruction – first presentation of metastatic carcinoma

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Abstract
A case of acute airway obstruction due to an acute retropharyngeal haematoma secondary to indirect trauma as a first presentation of metastatic prostatic adenocarcinoma is described.

Key words: Haematoma; Airway obstruction; Neoplasm metastasis; Prostatic neoplasms

Introduction

Various reports of acute airway obstruction through direct trauma to the neck have been described (Kendall *et al.*, 1998). We present a case of acute retropharyngeal haematoma secondary to indirect trauma as a first presentation of metastatic prostatic adenocarcinoma. This is a case of acute airway obstruction unique to the literature.

Case report

A 69-year-old Caucasian man presented to the Accident and Emergency department with severe dyspnoea. With no previous medical or drug history, he was well until four hours previously when he tripped off a kerb landing on his forehead and outstretched arms. He did not lose consciousness, and although he sustained minor grazes to his forehead and right hand he was symptom-free and was able to continue his journey without delay.

Over the next two hours he noticed increasing difficulty in swallowing his saliva which progressed rapidly to difficulty in breathing at rest. At this point he presented to the Accident and Emergency department.

On arrival he was tachypnoeic, tachycardic and stridulous, maintaining his blood oxygen saturation at 90 per cent on air. Examination revealed subcutaneous swelling to the lateral aspects of his neck that was diffuse and non-tender with no overlying skin discolouration or surgical emphysema. He received 100 per cent oxygen via a mask and was administered hydrocortisone intravenously.

Electrocardiogram and chest X-ray were normal, however lateral soft tissue neck X-ray (Figure 1) showed marked prevertebral soft tissue swelling and degenerative changes in the C4 and C5 vertebrae without any evidence of fracture or displacement, but possible sclerosis in the body of C4. A full coagulation screen was normal.

Over the next hour the patient became increasingly fatigued, necessitating emergency tracheostomy. Laryngo-pharyngoscopy revealed a large, soft swelling of the posterior pharyngeal wall into which a vertical incision was made, and approximately 100 ml of coagulated blood was evacuated; no active bleeding point was found. A nasogastric tube was inserted, the patient was placed on broad-spectrum antibiotics and monitored in intensive care.

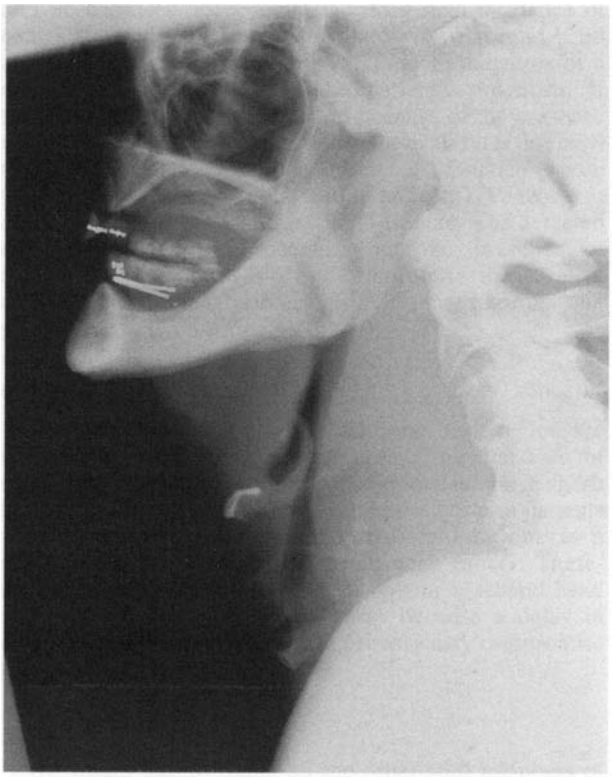

Fig. 1
Lateral soft tissue neck X-Ray showing retropharyngeal swelling.

Resolution of the prevertebral swelling was monitored by serial lateral soft tissue neck X-rays and on day 10, following successful removal of the tracheostomy tube and a normal barium swallow, he started to feed and was discharged home.

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FIG. 2

T1 weighted sagittal section MRI scan of the neck showing a lesion in the C4/5 intervertebral disc.

Because of the suspicious lesion on the plain neck X-ray, a general examination was performed which revealed an irregular prostate gland. His prostate specific antigen (PSA) level was found to be 43 ng/ml (normal <2.6).

He was further investigated with magnetic resonance imaging (MRI) of the neck. This showed features of vertebral degeneration plus a well-defined lesion in the C4/5 intervertebral disc (Figure 2). A bone scan showed increased isotope uptake in the corresponding area of the cervical spine and also the left ischial region. Transrectal biopsy of his prostate gland revealed prostatic adenocarcinoma.

Discussion

A diagnosis of retropharyngeal haematoma secondary to cervical hyperextension was made. This appeared to be as a result of metastatic prostatic adenocarcinoma in the cervical vertebrae.

There is no other reported case in the literature.

Just as unusual and unexplained fractures alert the clinician to the possibility of a malignant process, this report highlights the need to be vigilant in cases of unusual haematomata which may also represent sinister pathology.

References

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