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IMAGES IN EMERGENCY MEDICINE

Urology

Man with groin swelling

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1 | CASE PRESENTATION

A 44-year-old man presented to the emergency department with groin swelling 4 days after undergoing robotic-assisted prostatectomy and bilateral pelvic lymph node dissection for prostate cancer. The patient stated that the swelling started acutely 1 day before presentation. He denied any pain or systemic symptoms and continued to void with an indwelling Foley catheter placed postoperatively. A contrasted computed tomography (CT) of the abdomen and pelvis was obtained.

2 | DIAGNOSIS

2.1 | Non-infectious postoperative subcutaneous emphysema

CT demonstrated extensive subcutaneous emphysema tracking from the scrotum through the abdominal wall and into the chest and bilateral lower extremities along fascial planes (Figures 1 and 2). Although the patient's examination and imaging were concerning for Fournier gangrene, the etiology was favored to be a known postoperative complication.[1]

Scrotal emphysema has been cited as frequently as 3.4% following prostatectomy, with higher rates in the laparoscopic versus open approach because of its technical challenges.[1–3] This complication is more likely to occur in prolonged surgeries with high insufflation pressures, required in patients with a higher body mass.[4] Although infectious etiologies of subcutaneous emphysema are surgical emergencies, postoperative subcutaneous emphysema often is observed for self-resolution.[5]

The patient received broad spectrum antibiotics for presumed Fournier gangrene in the ED while being worked up and admitted to the surgical service for observation. He remained hemodynamically stable with improving emphysema despite deescalation in antibiotic therapy and was discharged uneventfully after 2 days.

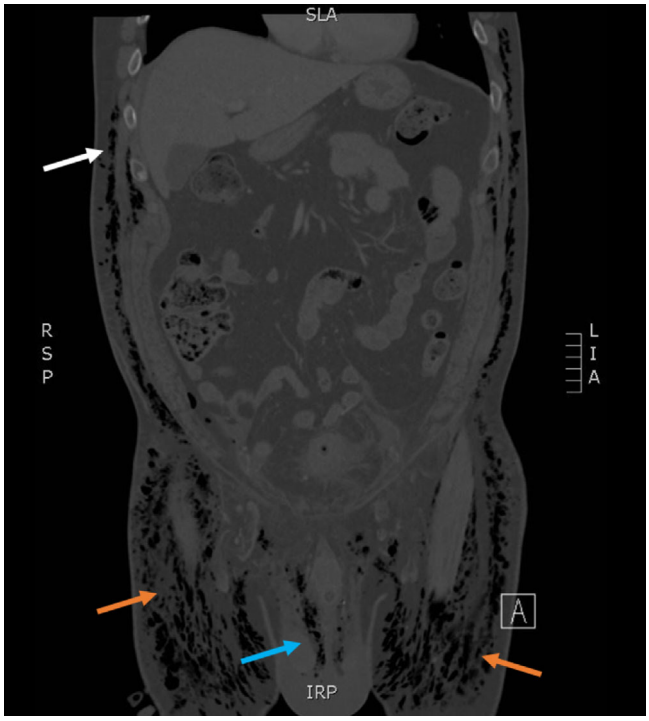

FIGURE 1 Computed tomography of the abdomen and pelvis (coronal view) revealing subcutaneous emphysema affecting the chest (white arrow), abdominal wall, bilateral lower extremities (orange arrows), and scrotum (blue arrow)

CONFLICTS OF INTEREST

Both authors are affiliated with the US military. This image case does not reflect the views or opinions of the US government, Department

FIGURE 2 Computed tomography of the abdomen and pelvis (axial view) revealing significant scrotal subcutaneous emphysema (white arrow) tracking along the abdominal walls (blue arrow)

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