



## Case Description

A 62-year-old morbidly obese (BMI = 60) male patient was transferred to the trauma service from an outside hospital after a fall from standing with an obvious right lower extremity deformity. The patient, with a past medical history of gastroesophageal reflux disease, hypertension, hyperlipidemia, and hypothyroidism, reported that he was in his usual state of health when he began experiencing neck pain and progressive confusion resulting in a fall. On arrival, his breathing was tachypneic and labored, with oxygen saturation of 90% on three liters by nasal cannula. Additionally, he was found to be in new-onset atrial fibrillation with a rapid ventricular rate of 120 beats per minute and a blood pressure of 90/50 mm Hg. The sending hospital had initiated continuous amiodarone infusion.

On the secondary survey, he was found to have marked subcutaneous emphysema of the neck. The abdominal exam was benign, though the authors acknowledge that pain may not have been elicited on exam due to the patient's body habitus. There was an obvious deformity of the right lower extremity, confirmed by an X ray as a right subtrochanteric femur fracture. Noncontrast computed tomography images from the outside hospital demonstrated pneumomediastinum with subcutaneous emphysema, pneumoretroperitoneum, and moderate pneumoperitoneum with air infiltrating throughout the nondependent portions of the abdomen and mesentery.

Shortly after arrival, the patient's clinical status deteriorated. He was intubated for airway protection, and nor-

## Discussion

Diverticulosis and diverticulitis are common in Western society. The incidence of diverticular disease is 10% in individuals younger than 40 and 50-70% in those older than 80. Of those with diverticular disease, 10-25% will develop acute diverticulitis.<sup>1,2</sup> While bleeding is an ongoing concern in diverticulosis, perforation is the feared sequelae of diverticulitis.<sup>3</sup>

## References

- 1.