Early Subcutaneous Emphysema Following Arthroscopy: A Case Report

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Received Date: 24 July, 2018; Accepted Date: 03 August, 2018; Published Date: 13 August, 2018

Abstract

We report a rare presentation of early subcutaneous emphysema of the thigh following arthroscopy with a fluid medium and arthroscopy pump, which was managed conservatively. This rare clinical condition must be recognized by all orthopaedic surgeons practicing arthroscopic surgery.

Case Report

Arthroscopy of the knee joint is associated with a relatively low rate of complications, fewer than 2% [1-3]. We report an unusual and rare presentation of early subcutaneous emphysema of the thigh following arthroscopy with a fluid medium. This complication has been previously reported with carbon dioxide insufflation.

A 53-year-old female patient underwent arthroscopy of the left knee for a degenerative medial meniscal tear and arthroscopy debridement as a day-surgery procedure. It was performed under spinal anesthesia with tourniquet. The knee was irrigated with saline by arthroscopic pump. A partial medial meniscectomy was performed with an electric shaver under suction. After the procedure the fluid was drained out completely, no stitches were applied; dry dressings, and pressure bandage was given. The dressing was debulked at 48 h and knee exercises were started immediately post-surgery. Postoperatively the patient noticed swelling and tightness around the left thigh. The patient felt crackling-like sensation on rubbing his thigh. Clinical examination of the knee and thigh did not reveal any evidence of infection or effusion in the knee. Painless knee movements ranged from 0° to 110°. The anterolateral portal site was red, and a swab was taken from this wound. Blood tests were within normal limits.

Radiography (Figure 1) showed air in the subcutaneous tissue of the thigh and within the knee joint. Blood culture was negative.

Figure 1: Radiography showed air in the subcutaneous tissue of the thigh and within the knee joint.

We also performed an MRI that confirmed the presence of air and exclude the infection (Figure 2).
The sheer stress on the wound due to absence of stitches and early knee mobilization exercises may have contributed. This exposed the subcutaneous tissue to the outside air that entered into the wound with every knee flexion and remained trapped in extension. The patient in our case report did not undergo any procedure and also made a full and uneventful recovery.

**References**