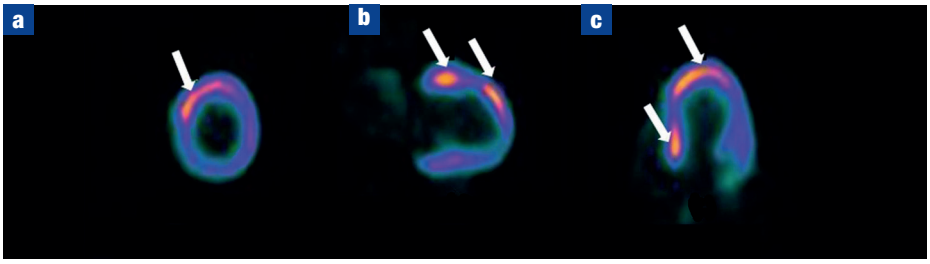
Figure 3. The fluorodeoxyglucose metabolic images demonstrate hypermetabolism in the anteroseptal and apex wall (arrows). **a.** Short axis. **b.** Vertical long axis **c.** Horizontal long axis. A previous cardiac catheterization (not shown) revealed normal coronary arteries.



higher frequency of false positive results (Ishimaru et al, 2005). This modality was used to demonstrate cardiac involvement in the current case. BJHM

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LEARNING POINTS

- Cardiac involvement can be difficult to detect in the early stages of sarcoidosis.
- If clinicians detect patients who have unknown origin atrioventricular block, they should actively assess for cardiomyopathy such as cardiac sarcoidosis.
- If cardiac sarcoidosis is suspected without cardiac biopsy, fluorodeoxyglucose positron emission tomography may be a good method of diagnosis.

Spontaneous surgical emphysema: an unusual complication of paediatric asthma

Subcutaneous surgical emphysema is extremely rare in children. It is usually detected in the neck or precordial area; dyspnoea and distended neck veins may be present (Saadoon and Janahi, 2015). Focused history should include predisposing factors, e.g. asthma, repeated vomiting, vigorous coughing or unrecognized trauma (Ameh et al, 2006; Saadoon and Janahi, 2015). Rare causes, e.g. spontaneous tracheal rupture, should be considered (Karthikeyan and Pulimoottil, 2015). Measurement of peak expiratory flow rate is contraindicated (Saadoon and Janahi, 2015).

A 5-year-old asthmatic boy presented with an exacerbation with dyspnoea and violent coughing for 1 week. He was receiving inhaled beclomethasone. Clinical examination revealed tachypnoea, normal breath sounds and no respiratory distress. His neck appeared swollen with crepitus felt over his neck and chest wall. Chest X-ray (*Figure 1*) revealed widespread subcutaneous surgical emphysema bilaterally, no pneumothorax with minimal abnormal shadowing in both infrahilar regions. He was clinically well and treated conservatively with oral azithromycin, and discharged home 48 hours later. Clinical review after 7 days revealed complete resolution of symptoms and subcutaneous surgical emphysema. BJHM

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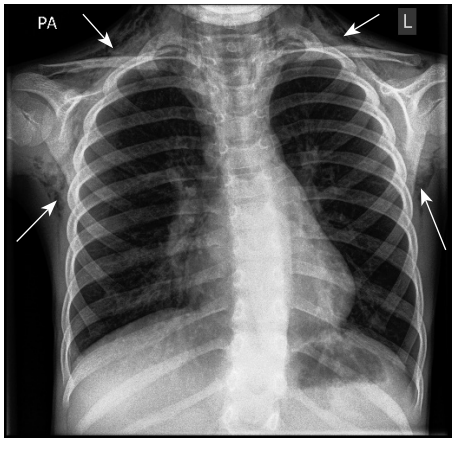
Figure 1. Chest X-ray showed widespread surgical emphysema (arrows).



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