

A woman with sudden-onset facial oedema

An 84-year-old woman presented with acute facial oedema that developed suddenly 2 h prior to the visit. She had no particular medical history, no episode of neck injury, nor was she on any anticoagulant or antiplatelet agent. CT showed a pharyngeal mass (figure 1), which was confirmed as a retropharyngeal haematoma with a nasopharyngeal fiberscope (figure 2). A clinical diagnosis of spontaneous retropharyngeal haematoma was established.

Retropharyngeal haematoma is a rare but potentially life-threatening condition; it can progress rapidly, causing airway obstruction once it starts to grow.¹ It has been reported to develop in patients who have suffered blunt head or neck trauma or who are on anticoagulants or antiplatelet agents, and spontaneous cases are rare.

Airway management is crucial; prophylactic intubation or tracheostomy is sometimes considered. For this patient, given that the retropharyngeal haematoma was too small to perform tracheal intubation even when it enlarged, we followed the haematoma with a nasopharyngeal fiberscope every 30 min after diagnosis. No growth of the haematoma was confirmed after the first examination. The haematoma started to resolve on the third day, and the facial oedema disappeared accordingly, resulting in complete recovery.



Figure 1 CT.

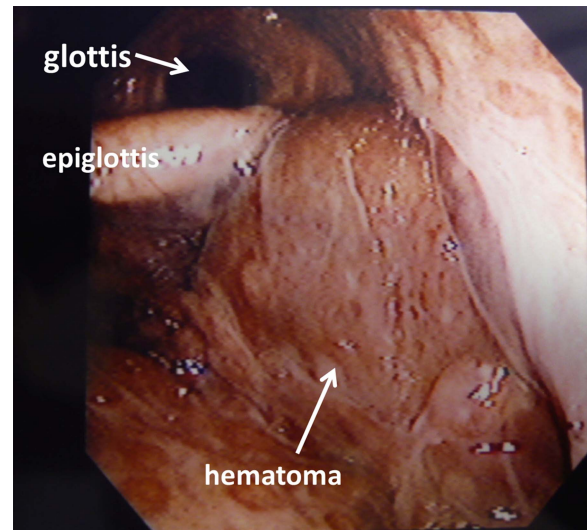


Figure 2 Clinical diagnosis of spontaneous retropharyngeal haematoma.

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