

changes. Other common symptoms are dyspnea, cough, neck pain, odynophagia and dysphagia.

We report a case of a previously healthy, 15-year-old male adolescent, high performance athlete, who was admitted to the hospital with three days evolution chest pain, which began a few hours after an intensive sports practice. The pain irradiated to the neck and was intensified by deep breathing. No shortness of breath, weakness, heart palpitations or other heart symptoms were associated. There was no history of respiratory infections, invasive procedures or trauma in the previous days.

On physical examination he had palpable subcutaneous neck emphysema and a crunching sound in cardiac auscultation, synchronous with the heartbeat. Chest and neck radiography confirmed ectopic air in the mediastinum and subcutaneous neck emphysema. The treatment consisted in rest and avoidance of maneuvers that could increase pulmonary pressure. Clinical symptoms resolved after 5 days and there were no radiologic findings at a 7 day follow up.

Hamman's sign, Hammond's sign or Hammond's crunch is a rare but pathognomonic sign characterized by a crunching, rasping sound, synchronous with the heartbeat, heard over the precordium. This sound is produced by the heart beating against air-filled tissues. SPM diagnosis can be made by physical examination and chest radiography or computed tomography may be helpful to document the diagnosis.

This case highlights the importance of physical examination in SPM diagnosis, especially in the presence of the pathognomonic Hamman's sign.

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### Respiratory

#### Pleuropneumonia In a 7 Year Old Boy

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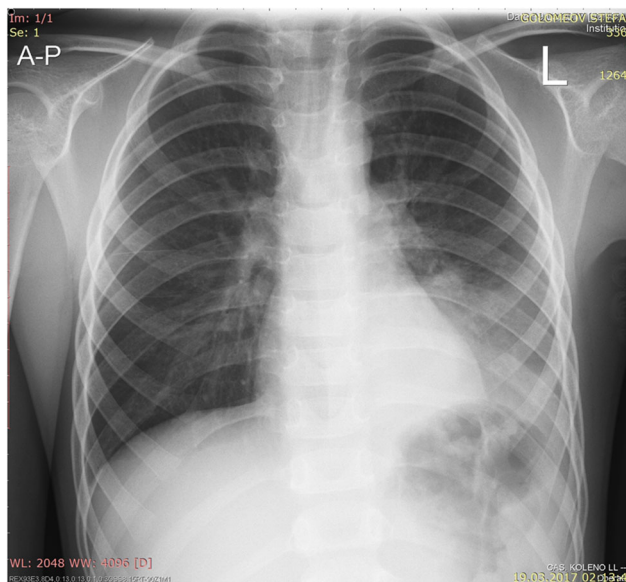
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**Background:** Pleuropneumonia takes a prominent place in childhood morbidity. Very often in children it can be manifested with atypical clinical presentation.

**Objective:** To present atypical case of Pleuropneumonia in a seven year old boy.

**Methods:** Seven year old boy with acute onset headache, abdominal pain, vomiting and febrile. On physical examination conscious, febrile (39 C), pale, dehydrated, pharynx hyperemic, abdominal distension and pain on abdominal palpation. Blood test with leucocytosis (Le= 31), elevated inflammatory markers (CRP=221mg/l), abdominal ultrasound with normal findings. Abdominal x ray - Mesohypogastric righ with distended intestinal viscera and with hydroaeric levels in formation. Due to suspicion of an acute abdomen, the child was transferred to the surgical department. After 12 hours of observation still febrile, dehydrated, but with acute appearance of tachidispnea and chest pain on the left hemitorax. On examination febrile 40 C, tachidispnoic. Lung auscultation - vesicular breathing weakened to the left in the middle and basal parts. Chest x ray - Paracardiac basal left with larger zone of non-homogeneous shading in addition to inflammatory consolidation, right with peribronchitic infiltrates and sings of pleural effusion - Left dome of the diaphragm isn't followed and left frenicocostal sinus is shaded. Pleural ultrasound showed pleural effusion in left frenicocostal sinus.



Chest X ray

**Results:** After appropriate antibiotic treatment, oxygen therapy, corticotherapy and inhalation therapy with a complete regression of the auscultatory finding. Control chest x ray and pleural ultrasound with complete regression of inflammatory consolidation and pleural effusion.

**Conclusion:** Very often pleuropneumonia in children can be manifested with atypical clinical picture and it's a diagnostic and therapeutic problem because it's often not recognized and not thought of.

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### Respiratory

#### Refining Clinical Guidelines for Bronchiolitis: Factors Contributing to the Use of Antibiotics. A Single Center Review in Cyprus

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**Background:** Several evidence-based clinical guidelines for bronchiolitis discourage the use of antibiotics. It was identified that our center was using non-recommended evidence-based care for the treatment of bronchiolitis.

**Objective:** We aimed to gather and analyze data from our center on the trends of bronchiolitis management and on the factors that prompts physicians to prescribed antibiotics.

**Methods:** Retrospective observational study accomplished by reviewing charts of children less than 2 years with a discharge diagnosis of bronchiolitis from September 2018 to March 2019. The study included 76 infants and children between the age 0-24 months with discharge diagnosis of bronchiolitis. Patients were divided into two groups. Both groups were treated with inhaled bronchodilators. Group A did not receive any antibiotics and patients in Group B received antibiotics. Group A included 34 patients with mean age of 5.5 months. Group B included 42 patients, 8 patients were excluded due to documented diagnosis of bacterial pneumonia. Mean age of patients in group B 11.8 months.

**Results:** No statistical significant difference was observed in the length of hospital stay in two groups. (Group A, mean 3.18 Group B mean 3.68, p=0.38). There was no significant difference between the two groups on the