Complications of yoga

A 40-year-old man developed swelling of the face and neck associated with respiratory distress of sudden onset. These symptoms followed a yoga exercise called “pranayam”, which had involved a vigorous Valsalva manoeuvre. Clinically, he had subcutaneous emphysema in the neck, more predominant on the right side, and tachypnoea. Cervical radiographs showed air in the retropharyngeal space (fig 1), parapharyngeal spaces and subcutaneous emphysema. Chest radiograph showed pneumomediastinum. Subcutaneous emphysema, air in the retropharyngeal spaces and pneumomediastinum are usually complications of surgical procedures on the upper aerodigestive tract, trauma, intubations or ventilator malfunction, but they can occur after a Valsalva manoeuvre or spontaneously.

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Calcaneal avulsion fracture

Calcaneal avulsion fractures may occur spontaneously, most often in patients with diabetes. The fracture may be missed because of the absence of trauma and the absence of tenderness in either malleolus. Operative fixation is usually required.

A 59-year-old woman with diabetes presented to the emergency department with pain in the left ankle for 2 weeks. The patient denied falling or twisting her ankle. Five days prior she was seen in a clinic and started on antibiotics. Examination showed swelling and ecchymosis. Neither malleolus was tender. The patient walked with a limp. An ankle radiograph was obtained (fig 1).

A lateral ankle radiograph shows a calcaneal avulsion fracture. The patient was fitted with a rigid boot and crutches. Subsequent operative fixation was achieved with a single 6.5 cm screw. Calcaneal avulsion fractures may occur spontaneously and may fail to trigger radiographic evaluation based on a commonly used guideline.1 Spontaneous calcaneal avulsion fractures are associated with diabetes. Patients with diabetes taking insulin, those with poor renal function or those with diabetic neuropathy may be at increased risk.2 Definitive treatment requires fixation with a screw, pins or wires.

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