

Hamman Syndrome: A Rare Cause for Acute Facial and Neck Swelling in the Second Stage of Labour

Dr Anna Walch^{1,2}, Dr Jessica Wang¹
Redland Hospital, Metro South Health, Brisbane, Australia¹
Griffith University, Gold Coast, Australia²

Hamman's Syndrome is the eponymous name for spontaneous pneumomediastinum in pregnancy. It is a rare condition that typically develops in the second stage of labour. The presumed pathogenesis is to be excessive intrathoracic pressure during Valsalva manoeuvre leading to distal alveolar rupture and subsequently pneumomediastinum and subcutaneous emphysema.

A healthy 23yo primigravid woman presented in spontaneous labour at 40 + 5. She had an uneventful low risk antenatal course and no past medical or surgical history. During the second stage of her labour, she acutely developed facial and neck swelling. She denied any chest pain, dyspnoea, itch, or palpitations. On examination, she was normotensive and afebrile, with saturations of 100% on RA and tachycardia to 150-160bpm. She had significant facial and neck swelling with palpable crepitus throughout her anterior chest wall and neck. The decision was made for an assisted delivery for maternal concerns and she had a vacuum delivery of a 3.4kg live male infant. Cardiothoracics was consulted and she was managed conservatively with observation and analgesia, had an uneventful recovery and was discharged home day 3 post-partum.



Most cases of Hamman's syndrome are self-limiting. Diagnosis is often made with history and examination and confirmed on chest imaging. It is important to exclude other sinister causes such as anaphylaxis and other cardiorespiratory causes of chest pain. Once diagnosis is established, the treatment is generally supportive with oxygen and analgesia with multidisciplinary involvement.