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Pneumomediastinum is a rare complication of percutaneous interventional procedures and presents as a tense air-filled mediastinum with associated symptoms of neck pain, dysphonia, and dysphagia. This is a case report of a 52-year-old female who developed pneumomediastinum that resulted from percutaneous placement of a catheter for thoracic duct drainage. She was noted to have symptoms of neck pain, dysphonia, dysphagia, and a loud "crackling" sensation over the neck upon administration of local anesthesia.

Postintervention computed tomography showed a large pneumomediastinum that was controlled on bed rest. A reported case and review of the literature on the frequency and characteristics of pneumomediastinum are discussed. The functions of opioid peptides in the gastro-intestinal system are multiple and varied. One general function of the opioid peptides is to control gastrointestinal (GI) motility by inhibiting neurotransmitter release from these nerves. In addition, the opioid peptides regulate GI secretion. The opioid peptides also mediate increases in GI blood flow and affect visceral sensitivity. Opioid peptides modulate secretion from the gastrointestinal tract by means of two distinct mechanisms. The first mechanism of action is to act on opiate receptors in the enteric nervous system. This affects the release of neurotransmitters from vagal nerves and may alter blood flow and mucosal tone. The second mechanism is a direct effect on the mucosal cell. The opioid peptides act on receptors located in the mucosal cells and alter both the function and morphology of these cells. This alters the transport and release of nutrients, electrolytes, and water through the cell membrane of the

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