The authors reported a case of spontaneous pneumomediastinum. Since any evident causes were found and the patient reported a history of cocaine and ecstasy abuse, the authors supposed that drug abuse caused the
pneumomediastinum. However, it is only a deduction of the authors that is not supported by radiological and/or pathological findings. In literature, there are many reports describing cases of pneumothorax and/or pneumomediastinum after cocaine abuse. However, in all cases significant radiological lesions including conglomerate masses and bullous disease due to drug abuse are reported. In the present case, the CT did not shown any radiological lesions except the pneumomediastinum.

In addition, no pathological findings are reported that may confirm cocaine as cause of pneumomediastinum. Several authors reported the presence of granulomas due to exposition to cocaine in patients with pneumothorax that may support such hypothesis. However, in the present case the patient had a conservative treatment....... Probably, in such case the barotrauma due to Valsalva maneuver which is associated to cocaine inhalation may lead to rupture of small blebs and cause pneumothorax. However, the present mechanism is well known and it does not add any news for readers.

Is the interpretation (discussion and conclusion) well balanced and supported by the case presented?:

no

Does the case represent a useful contribution to the medical literature?:

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Was written informed consent to publish this case obtained?: No
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**Level of interest:** An article of limited interest

**Quality of written English:** Acceptable

**Declaration of competing interests:**

no conflict of interest