Facial Paralysis Caused by a Gunshot Wound Received Antenatally

There are still areas in America where primitive conditions can lead to unusual accidents. In the case here recorded the North American skunk (*Mephitis mephitis*), an animal that can propel its evil-smelling musk a distance of 8-12 ft. (2.4-3.6 metres), was the inciting factor.

CASE REPORT

A young mother of two children, pregnant for the third time, discovered a skunk building its den in a wood-pile adjacent to the play area habitually used by her two small children. The skunk is without fear, for no animal attacks it knowingly, and shooting seemed the only answer to the young mother. Her pregnant state (6½ months) contributed to her loss of footing; she slipped, fell, and discharged the .22 calibre pistol against the protuberant abdomen. The bullet caused powder burns as it entered the right upper quadrant and left a rather jagged wound of exit in the left upper quadrant. She called the police, who took her to the hospital.

Dr. Everett Eikoff performed a laparotomy under spinal anaesthesia. No penetrating wounds of the intestine were found, but a bullet wound of the superior portion of the fundus was discovered and sutured. The wounds of the abdominal wall were excised and sutured. During the next two weeks there was considerable vaginal discharge of blood-tinged fluid. On December 19, 1961, labour occurred spontaneously, and Dr. Rolla Wolcott delivered the mother of a 4-lb. (1,815-g.) viable infant at seven months. Numerous large old clots accompanied the infant and the afterbirth. Artificial respiration was necessary for several minutes before the infant began spontaneous respiratory efforts. There was a healing wound in the parietal region with bone exposed. Later this was excised and sutured to cover the bone defect. The infant had difficulty in swallowing and lost weight, but on January 1, 1962, it was being fed regularly by gavage and weighed 3 lb. 5½ oz. (1,515 g.). I was

FIG. 1.—Facial paralysis apparent as child cries.

consulted regarding the facial paralysis (Fig. 1). The position of the wound (Fig. 2) suggested a fracture of the parietal bone as the aetiological agent rather than direct injury to the nerve. If there is no spontaneous recovery, I believe exploration of the nerve is indicated later.

FIG. 2.—Photograph taken two weeks after birth.

COMMENT

At first blush this case seems rare and exciting, but perusal of the literature makes it seem soberly commonplace. In 1961, Geggie added his case to the previous summary of cases reported by Kobak and Hurwitz in 1954. This made a total of 34 cases reported since 1845. There were 16 vaginal deliveries among the 34 cases reported. Labour began within a few hours to 10 weeks after the accidents with a foetal mortality of 55% among those patients who were judged to have a viable foetus at the time of injury. The consensus of the authors' opinions seems to be that all such bullet wounds should be subjected to immediate laparotomy, as is indicated in any case with any abdominal gunshot wound. If the foetus is dead or previsible and uterine damage is not extensive, the uterus may be sutured and a vaginal delivery allowed. Extensive uterine damage would be an indication for a caesarean section or possible hysterectomy (Kobak and Hurwitz, 1954).

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REFERENCES

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The London County Council's new accident ambulance station at Battersea Rise, S.W.11, was formally opened on November 1. The new station is equipped with three ambulances, one being in continuous commission and two in commission for 16 hours each day. The station is part of the regular accident service for London, but, in addition, it is used as a training station for new recruits to the ambulance service. The station has been in service for some weeks and during the first calendar month it supplied ambulances for 699 patients; among them were 456 emergency cases and 243 urgent general removals.