Most patients present between the age of 40 and 50 years with 3 years of gradually worsening symptoms before diagnosis.³ While ideally patients with proven pheochromocytoma "should be managed by an experienced team of endocrinologists, endocrine surgeons, and anaesthetists",⁴ this was clearly not possible with an acute presentation of a rare condition to a small district general hospital.

This case emphasises the fact that clinical intuition should be trusted and followed up early in the management of an unusual case. It demonstrates the potential value of non-radiologist led investigative ultrasound and serves as a

reminder for those working in emergency medicine of the importance of keeping a high index of suspicion for rarer conditions.

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IMAGES IN EMERGENCY MEDICINE

How innocuous it is! Or is it?

Ajit Singh Kashyap, Kuldip Parkash Anand, Surekha Kashyap, Kulamani Sahoo

A 28-year-old man was hit on the face during a gunfight. Apart from some local discomfort he had no complaints, or visual or neurovascular deficits. The wound of entry was below the medial canthus of the right eye (fig 1), but there was no wound exit. A cranial computed tomographic (CT) scan revealed injury to the right orbit floor and right maxillary antrum, but no bullet or metal fragment. Plain x ray of the neck (anteroposterior and right lateral) revealed a bullet pointing upwards and lying in soft tissue on the right side (figs 2 and 3). The bullet was removed uneventfully from the carotid sheath lying between the internal jugular vein and the carotid artery.

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Figure 1 Entry wound. Informed consent was obtained for publication of this figure.

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Figure 2 Anteroposterior radiograph showing position of bullet.

Figure 3 Right lateral radiograph showing position of bullet.