IMAGES IN EMERGENCY MEDICINE.....

The great fortune of misfortune

A 21 year old woman presented to the emergency department with a knife in the right side of her face (fig 1). On examination, she was awake and alert; the knife had entered the maxillary 0.8 cm below the inferior eyelid and continued epistaxis. Her visual acuity, pupils, and eye movements were normal. Unenhanced cranial computed tomography showed a long blade knife penetrated into the skull base through the infra-orbital region. The brain parenchyma and ventricles did not seem to be injured. Digital subtraction angiogram of the internal and external carotid artery showed normal vascularity and absence of extravasation (fig 2). The knife had been subsequently removed under general anaesthesia. Bleeding was controlled after the nasal cavity was packed. The wound was debrided and the fractured maxilla was reconstructed by close reduction and intermaxillary fixation. She was treated with 2 week course of intravenous cefazolin. The postoperative course was uncomplicated. On follow up at 6 months, she remained free of any neurological or ocular impairment. Interventional radiology is needed in dealing with massive bleeding and should be considered at an early stage in the presence of a large or expending haematoma or uncontrollable bleeding from the facial wound.

S-H Tsai, C-W Hsu, S-J Chu

Department of Emergency Medicine, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

J-L Shih

Division of Oral and maxillofacial surgery, Department of Dentistry, Tri-Service General Hospital, National Defense Medical Center, Taipei, Taiwan

Figure 1 Photograph of patient with knife in right side of face. Informed consent was obtained for the publication of this figure.

Correspondence to: S-J Chu, No. 325, Cheng-Kung Road, Sec. 2, Neihu 114, Taipei, Taiwan; d1204812@mail.ndmctsgh.edu.tw

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Figure 2 Digital subtraction angiogram of the internal and external carotid artery (arrows: tip of the knife; asterisk: internal carotid artery in photo A and external carotid artery in photo B).