Although there are several reports of olanzapine mimicking opiate intoxication in overdose, this is one of the first cases where overdose has mimicked an intracerebral event. We go on to highlight some of the literature regarding clinical presentation and treatment options, and to discuss the relationship between olanzapine therapy and diabetes.

▲ Broyd C, McGuinness A. Pontine haemorrhage mimicked by an olanzapine overdose. *Emerg Med J* 2006;23:e29. <http://emjonline.com/cgi/content/full/23/4/e29>. doi: 10.1136/emj.2005.031690

Acute myocardial infarction in a young man caused by centipede sting ►

Various clinical situations such as anaphylaxis, skin disorders, ECG changes, cardiac specific enzyme elevation, and myocardial necrosis have been reported due to snake, scorpion, or bee bites. A 20 year old man was admitted with severe chest pain after being bitten on his right leg by a centipede while he was sitting in the

garden of his house. ECG showed sinus rhythm with sequential ST segment elevation in leads DII-DIII-aVF- V6 more than 1.5 mm suggesting acute inferolateral myocardial infarction. He was treated orally with aspirin 300 mg, 1000 unit/h heparin infusion after intravenous 5.000 unit bolus, and 30 µgr perlinganit after 100 µgr intravenous bolus infusion. Thirty minutes later, his chest pain stopped and ECG segment elevations regressed to the iso-electric line. CK-MB and CK were elevated more than three times above the normal limits and Troponin-T was positive (>1ng/ml). Coronary angiography was normal on fifth day. Seventeen months later, the patient was completely symptom free. Cardiac evaluation in patients with centipede envenomation is an important part of the medical examination and follow-up. Perlinganit, aspirin, and heparin infusion are the cornerstones of the therapy if the ischemic symptoms occur.

▲ Yildiz A, Biçeroglu S, Yakut N, *et al.* Acute myocardial infarction in a young man caused by centipede sting. *Emerg Med J* 2006;23:e30. <http://emjonline.com/cgi/content/full/23/4/e30>. doi: 10.1136/emj.2005.030007

IMAGES IN EMERGENCY MEDICINE

Tension pneumocephalus following head injury

A 54 year old man sustained a head injury in a road traffic accident. He complained of headache and vomiting, and he had cerebrospinal fluid (CSF) rhinorrhoea. Computed tomography (CT) showed intracranial air with basal skull fractures. Two days later his conscious level rapidly deteriorated. An emergency CT scan showed an increase in the size of the pneumocephalus. He had a cardiac arrest, which was refractory to standard treatment¹ but responded to emergency twist-drill release of the tension pneumocephalus. This was followed by cessation of CSF rhinorrhoea and the patient recovered fully.

Simple pneumocephalus is common after head injury and usually does not require surgical treatment. Post-traumatic tension pneumocephalus proceeding to rapid deterioration and fatality is rare. Treatment involves urgent release of intracranial tension, and leads to dramatic improvement.

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Figure 1 Pneumocephalus.

Reference

- 1 Thiagarajah S, Frost EA, Singh T, *et al.* Cardiac arrest associated with tension pneumocephalus. *Anesthesiology* 1982;56:73-5.