▲ Verghese S, Nair SB, Keep J. An unusual case of stroke in a young patient. *Emerg Med J* 2006;24:e10. <http://emjonline.com/cgi/content/full/24/2/e10> doi: 10.1136/emj.2006.041772

Chylothorax ► During a high speed RTA, a 26-year-old male suffered multiple fractures of his thoracic vertebrae and bilateral pneumothoraces. The day after admission and commencement of nasogastric feeding, milky fluid was noted in his right chest drain. Feeding was stopped and a contrast oesophogram and oesophagoscopy were performed, which were normal. The chylothorax quickly resolved and both drains were removed on day 6. Initial treatment of chylothorax aims to decompress the pleural space and minimise chyle production by not feeding the patient via the enteral route. Most authors recommend conservative management for 2 weeks or more unless certain parameters are met: average daily chyle loss of greater than 1.5 litres for a 5-day period or imminent nutritional complications. In this case, surgical management of the chylothorax and spinal fractures had been planned. However, conservative management was

successful highlighting that early aggressive surgical intervention for chyle leaks in blunt trauma is not necessary.

▲ Townshend AP, Speake W, Brooks A. Chylothorax. *Emerg Med J* 2006;24:e11. <http://emjonline.com/cgi/content/full/24/2/e11> doi: 10.1136/emj.2006.042028

A case of clozapine-induced paralytic ileus

► Clozapine is a prototypical second-generation antipsychotic, which has been found to be associated with various adverse effects. Although emphasis has mainly been placed on its haematological and metabolic side effects, less attention has been paid to its anticholinergic effects. One such problem is that a paralytic ileus. A case of a young man with psychosis who developed a paralytic ileus while on treatment with clozapine is described here.

▲ Rondla S, Crane S. A case of clozapine-induced paralytic ileus. *Emerg Med J* 2006;24:e12. <http://emjonline.com/cgi/content/full/24/2/e12> doi: 10.1136/emj.2006.042630

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Suspension airbags: a potential danger

Trauma as a result of airbag deployment is not uncommon. A cursory glance at the literature shows reports of skeletal, otological, ophthalmic, vascular, cardiac, respiratory and neurological trauma, burns and even death after airbag deployment. These injuries have usually been sustained as a result of failure or misuse of airbags used in restraint systems.

Few people are familiar with suspension airbags. These high-pressure devices reside beneath vehicles and provide shock absorption (fig 1). The considerably increased pressure in these airbags, 300 psi or greater, renders their misuse extremely dangerous.

We present a case of a spontaneously rupturing suspension airbag resulting in serious facial trauma.

A 53-year-old man was attempting to repair the suspension airbag of his heavy goods vehicle when the airbag

spontaneously ruptured, injuring his mid- and lower face (fig 2). The patient sustained major facial lacerations, a fractured mandible, multiple dentoalveolar fractures and displacement of his partial denture into the nasopharynx.

G A E Burke, O Chawla

Maxillofacial Unit, Royal Shrewsbury Hospital, Shrewsbury, UK

Correspondence to: O Chawla, 67 Underwood Road, Handsworth Wood, Birmingham B20 1JR, UK; ourvchawla79@hotmail.com

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Figure 1 Intact suspension airbag.

Figure 2 Maxillofacial injuries as a result of suspension airbag rupture. Informed consent from the patient was obtained to publish these details.