Descent of a bullet in the spinal canal

Spontaneous migration of foreign bodies in the spinal canal has been described, which may be associated with the onset of new neurological symptoms or signs. Surgical removal may be necessary several years after the original injury.¹

A 16-year-old man presented to our emergency department with a gunshot wound to the neck. He had spinal cord damage at the level of C2 with a consequent tetraplegia and required ventilatory support. Neurological improvement followed over a period of months. Subsequent imaging of his chest, however, showed the bullet to be rotating and migrating caudally in the spinal canal (fig 1).

Our patient continued to improve. However, it is important to be aware that if a foreign body is not surgically removed, any unexplained change in neurological symptoms or signs must be investigated immediately, even if this occurs some time after the initial injury, and surgical removal needs to be considered.

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Figure 1 Initial and subsequent positions of bullet in the spinal canal.

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Jaw fracture as a result of dog bite in a 9-month-old infant

A 9-month-old infant was attacked by the family pet dog. The lacerations were obvious but the fractured jaw was not evident until she was anaesthetised (fig 1). This is the youngest fractured mandible reported as a result of dog bite. Although this injury is rare, it should be considered in the toothless and in very young and elderly people, as the mandible is considerably weaker and more easily crushed.

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Figure 1 The fractured mandible of a 9-month-old infant. Parental/guardian informed consent was obtained for publication of this figure.

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