Figure 1 Radiograph of the chest.

intubation⁴ or immediate surgical airway pending definitive airway.

The present case illustrates that emergency care providers need to maintain a high index of suspicion for cervical vascular injury in cases of neck injury (even trivial), known head and neck malignancy/irradiation or coagulopathy. Importantly, the diagnosis must also be considered in patients who present with unilateral neck swelling and symptoms related to mass effect.

In those patients, difficult intubation should be anticipated, and greater consideration given to its method and timing.

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IMAGES IN EMERGENCY MEDICINE

Small bowel obstruction

Small bowel obstruction in children is uncommon; however, if improperly managed, it can lead to bowel ischaemia, necrosis, perforation and death. A 4-year-old boy presented with 4 days of vomiting, absolute constipation and diffuse abdominal pain. His abdomen was grossly distended, with subdued bowel sounds. An abdominal x ray showed several distended small bowel loops (fig 1). Laparotomy showed an internal hernia caused by a mesodiverticular band that created a snare-like opening through which a loop of bowel had herniated and become obstructed. Fortunately, the bowel was still viable, so the Meckel's diverticulum and the mesodiverticular band were resected and the hernia was reduced. Mortality for small bowel obstruction may reach 65% if >75% of the small bowel is necrotic at the time of laparotomy (<http://www.emedicine.com/ped/topic1203.htm>). In our case prompt treatment was given when the bowel was still viable, hence preventing any serious complications.

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Figure 1 Abdominal x ray of a 4-year-old boy showing several distended small bowel loops.