IMAGES IN EMERGENCY MEDICINE.....

Trans-oculofacial injury from airgun pellet

An 18-year-old boy was accidentally shot with an airgun by a friend while playing at home. He was seen in the casualty unit at Leeds General Infirmary, Leeds, UK. A penetrating ocular injury, with a traumatic cataract and vitreous haemorrhage, was observed. A complex trans-oculofacial injury was confirmed by a computed tomography scan (fig 1). The risks of infection and lead intoxication were not marked with retained intranasal air pellet, and no further endoscopic exploration was undertaken. A primary ocular surgical repair was performed with a lens aspiration, followed by surgery for retinal detachment. Air weapons are an important cause of serious eye injuries in adolescent boys. A survey by the British Ophthalmic Surveillance Unit raised questions regarding airgun use.¹ The UK Government has changed the legislation recently to deal with increasing public concerns over airgun misuse. Despite new legislation, airgun pellets remain a cause of sight-threatening ocular injury.

S Iqbal

Department of Surgery, Leeds General Infirmary, Leeds, UK

M M K Muqit

B J O Mathews

F Bishop

Department of Ophthalmology, Leeds General Infirmary

Correspondence to: M M K Muqit, Department of Ophthalmology, Leeds General Infirmary, Great George Street, Leeds, LS1 3EX, UK; mmmk3@aol.com

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Figure 1 Computed tomography at initial presentation. Coronal orbital views show haematoma in the right ethmoid sinus and a medial orbital wall fracture. The airgun pellet is embedded in the midline nasal bones, and lies in close proximity to the cribriform plate above (A). Axial computed tomography scan showing orbital emphysema with disruption of the paranasal sinus mucosa, and ethmoid sinus haematoma. There is retro-orbital haemorrhage and the airgun pellet is embedded in the nasal bony architecture (B).

An unusual fracture of the scapular body

Figure 1 X-ray showing an angulated fracture of the body of scapula.

Fractures of the scapula are infrequent; they constitute 3-5% of all shoulder girdle injuries and 1% of all fractures. Fractures of the scapular body/spine make up 50% of scapular fractures.¹ A 36-year-old man fell off a horse and sustained a direct injury to the shoulder. On examination, the patient had a prominence over the inferior angle of the scapula with restricted range of movement of the shoulder, especially protraction and retraction of shoulder. Radiographs revealed an unusual fracture of the body of the scapula with an apex anterior angulation of 40° on the scapular Y view.

Scapulohoracic movement is complex and has six movements: elevation, depression, upward rotation, downward rotation, protraction and retraction and they are an important part of the movements of the shoulder girdle. Although most scapular body fractures are treated conservatively, fracture malunion can have adverse mechanical and functional effects on shoulder movement.¹ Scapular snapping syndrome is one of the problems that could arise from malunion.

Accident and emergency staff need to be aware of these complications and the importance of ordering scapular Y views. These fractures would merit an early orthopaedic referral.

S M Y Ahmed, R Ahmad, S Shobaki

Department of Orthopaedics, Weston General Hospital, Weston-Super-Mare, Somerset, UK

Correspondence to: Mr S M Y Ahmed, Weston General Hospital, 30 Hope Street, West Macclesfield SK10 1BE, UK; shahbazmy@gmail.com

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