amygdala, the hypothalamus or the temporal or frontal circuits. They have rarely been described after bilateral thalamic infarction and usually occur in hypersexuality.³ Masturbating stereotypes have occasionally been reported and are associated with frontal hypoperfusion.⁴

This case report involving the prevalence of behavioural disorders underscores the possible heterogeneity which can be seen in this syndrome. Since patients often initially present with the abrupt onset of coma, bilateral thalamic infarcts are usually referred to the intensive care unit and early diagnosis is

difficult. Recognising these behavioural disorders as symptoms of focal brain infarction is important in terms of the diagnostic management and prognosis.

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Images in emergency medicine

Traumatic diaphragmatic rupture: a diagnostic challenge in the emergency department

Wei-Jing Lee, Ying-Sheng Lee

A 24-year-old man presented to the emergency department after falling down from the fourth floor of a building on a construction site. Upon arrival he was alert, but dyspnoeic. The breath sounds over the left

side of the chest were decreased. A chest radiograph was taken and revealed elevation of the left side of the hemidiaphragm (fig 1). Computed tomography of the chest was arranged to determine the severity of the lung injury (fig 2).

The incidence rates of traumatic diaphragm rupture is between 0.8–1.6% of patients admitted because of blunt trauma.¹ Left-sided rupture is more common than right-sided rupture (68.5% vs 24.2%).² Hepatic protection of the right side, increased strength of the right hemidiaphragm, and weakness of the left hemidiaphragm at points of embryonic fusion all contribute to the predominance of left-sided diaphragmatic rupture.³ A delayed diagnosis of diaphragm rupture and its associated injuries to the chest wall, abdominal cavity, and pelvic cavity can result in life-threatening sequelae. Surgery should be performed as soon as the clinical diagnosis is made, either through the transabdominal approach or via thoracotomy.

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Figure 2 CT scan showing herniation of intra-abdominal organs into the left thoracic cage.

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Figure 1 Chest radiograph showing an arch-like curvilinear density indicating elevation of the left hemidiaphragm.