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CLINICAL IMAGE

Unwitnessed head trauma: the bamboo did it

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Key Clinical Message

Unwitnessed penetrating head injuries (PHIs) are often challenging. The inability to locate a foreign body should not exclude this diagnosis nor should it delay treatment. Attempts must be made to clarify the mechanism of injury, as this may allow for a better understanding of the patient's condition.

Keywords

Brain computed tomography, brain injury, foreign body, penetrating head injury, pneumocephalus.

A healthy 10-year-old girl suffered an unwitnessed fall at school. Brain computed tomography (BCT) revealed a sphenoid fracture and pneumocephalus (Fig. 1). A small bush with sharp bamboo sticks stained with dried blood was found at school (Fig. 2), suggesting that she probably suffered a PHI through the nostril. The patient was treated with vancomycin and meropenem and underwent surgical repair of the fracture, making a full recovery.

Figure 1. BCT scan showing fracture of the skull base (full arrow), bone fragment (striped arrow), and pneumocephalus (arrow top).

Question: Unwitnessed head trauma: Does the mechanism of injury change the management of the case?

Figure 2. Bamboo sticks stained with blood.

Answer: When a PHI is suspected, BCT should be performed [1, 2] and immediate treatment should be instituted, including prophylaxis with broad-spectrum antibiotics and surgical repair, depending on the lesion [2].

Conflict of Interest

None declared.

Authorship

RS: Conception of the work; acquisition of data for the work; revising it critically for important intellectual content; final approval of the version to be published. ÂL: Conception of the work; acquisition of data for the work; revising it critically for important intellectual content; final approval of the version to be published. FA: Revising the work critically for important intellectual content; final approval of the version to be published. MA: Revising the work critically for important intellectual content; final approval of the version to be published.

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