

Images

A lucky car accident

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A 30-year-old male was admitted to our institution after a high-speed motor vehicle collision. The patient had remained hemodynamically stable and conscious throughout. He had a traffic pole perforating his left thigh (Figure 1 and Figure 2), but distal pulses were present and sensation was normal in all dermatomes. The patient also had multiple facial abrasions and a scalp laceration. Full-body computed tomography (CT) was performed. The scan showed a steel rod perforating the left thigh, revealing no other significant injury (Figure 3). Surprisingly, and despite the close proximity of the steel rod to the femoral vessels, no vascular lesions were observed on a contrast-enhanced CT scan. Emergency surgery was performed to remove the rod, and no major arterial or nerve damage was found. The patient’s postoperative course was uneventful.

Impalement injuries are impressive, but one must not be distracted by their spectacular appearance. It is important to perform a full trauma examination before attending to the impalement injury itself. In this case, the only other injury of note was the scalp laceration. One must remember to secure the foreign body to avoid inadvertent movements, and further damage, during the initial examination and transportation. Equally important is avoiding removing the foreign body. Doing so may aggravate the risk of hemorrhage.

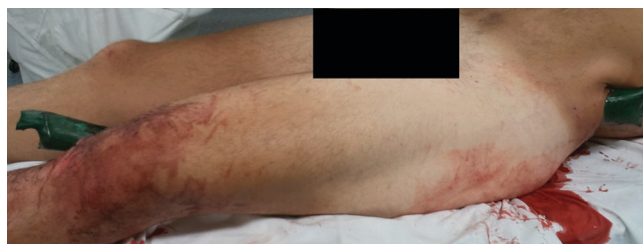


Figure 1. Traffic pole in the left thigh.



Figure 2. Distal exit wound.

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**Figure 3.** Computed tomographic scan showing a 70 cm steel bar perforating the left thigh.