

A Picture Is Worth A Thousand Words

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Abstract

A ten-year-old child was playing darts with his older brother. He went to retrieve his throw from the dartboard when an errant toss struck him above the right eye. A case report

CASE REPORT

A ten-year-old child was playing darts with his older brother. He went to retrieve his throw from the dartboard when an errant toss struck him above the right eye [Figures 1 & 2].

Figure 1

Figure 1: Close Call



Figure 2

Figure 2: Second Look



His only complaint was the pain in the area associated with the dart. The patient's extraocular motion and visual acuity were intact. Sensation of the supraorbital and supratrochlear branches of the trigeminal nerve was also intact. The rest of his physical exam was unremarkable. The patient's tetanus immunization status was confirmed and a first generation cephalosporin was administered prophylactically. Plain films and computerized tomography of the head were obtained and revealed an absence of intracranial penetration. The inner cortex of the frontal bone was intact.

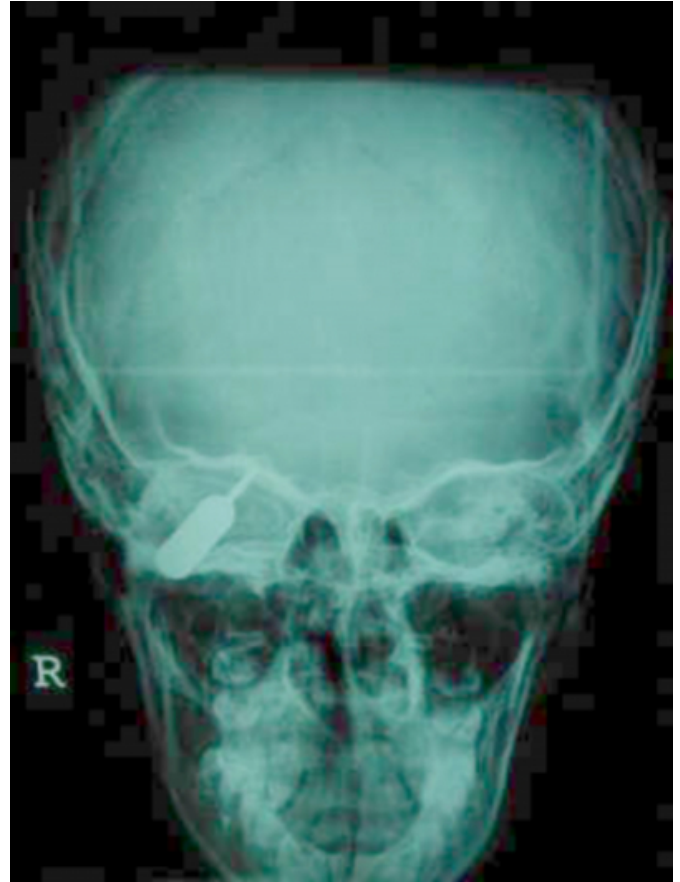
Figure 3

Figure 3: Lateral Xray



Figure 4

Figure 4: AP Xray



The dart was then manually removed in the emergency department.

The wound was left open to heal by secondary intention. The patient was observed and discharged home under his mother's care that evening.

A patient sustaining penetrating head trauma must be systemically evaluated following standard trauma principles; the primary and secondary surveys should be performed in an expedient manner. The evaluation of injuries includes cranial imaging to direct further intervention. If the patient has sustained intracranial penetration (i.e. an intracranial hematoma, mass effect, or a depressed skull fracture documented through computerized tomography), an urgent neurosurgery consult is indicated. Removal of the object and local wound care will vary depending upon the depth of penetration and surrounding tissue injury.

In a brief review of the literature from 1966 to the present, six incidents of dart injury were reported. The most severe complications included an intracranial abscess and necrotizing cellulitis from aerotolerant anaerobic bacteria.,¹

There is also one report in which a dart from an air gun entered the paranasal sinus and was left alone. ² Our patient was fortunate in that his injury did not result in permanent disability or require operative therapy. His recovery has been unremarkable to date. One last look at the photographs should serve to remind us that a picture is worth a thousand words.

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