Out of the Comfort Zone (Part 2)

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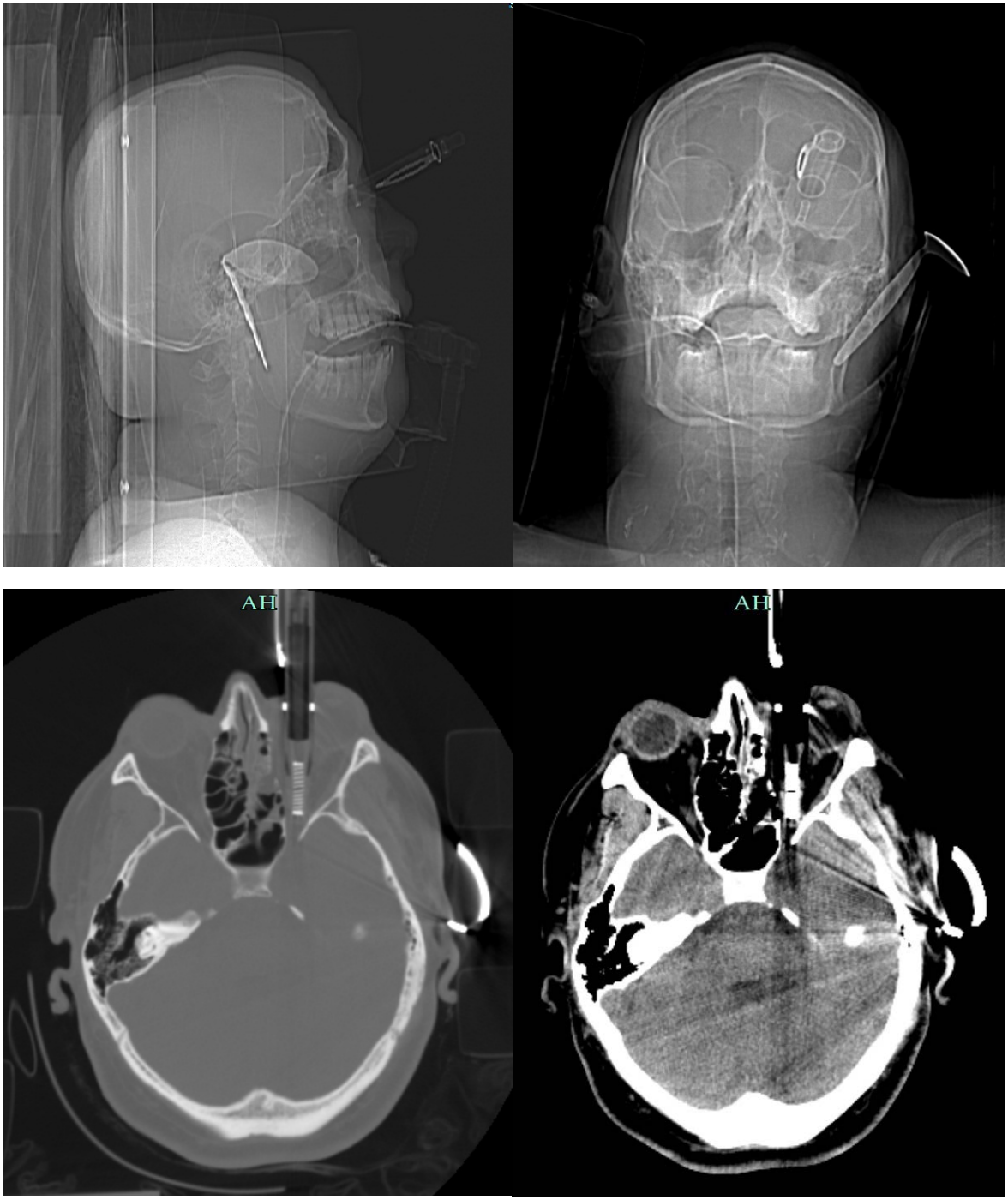
Theres often nothing more interesting to pick up that slow and dragging weekday afternoon than the faint background conversation of 'you'll never guess whats just come into A&E, and there bringing them to CT now…' And with any kind of penetrating head injury its not long before the news has even made its way to the staff room!

Traumatic penetrating injuries to the brain are often a leading cause of death or disability. The usual definition of a penetrating head injury is a wound caused by a projectile enterng the cranium and not exiting the skull.

Here our two classic examples. The first a 29 year old man who has been previously dignosed with schizophrenia. A common mental disorder characterised by auditory hallucinations, delusions and disorgnaised thinking. In our local hospital we are blessed with a psychiatric wing that specialises in bringing us the most dysfunctional of its guests with the most interesting and creative uses of everyday objects. Within the last two years we have had the same injury twice. A patient who hasn't taken said medication and taken on the treatment of the voices in their head by inserting metallic spoons as far as possible into the ear cannal and then often attempting to damage further organs, typically removal or penetration of orbits and tongues.

Most I am glad to say with my CT Head Reporting cap on do not impact typically on the cerebral matter with in fact only the slight irritation of the junior A&E/ENT doctor applying iodinated swabs to the ears (thus causing massive artefacts on the images!). But this type of injury can easily get us out of the CT Head Reporting comfort zone and into the uncertainty of how do I report of ear trauma if I'm not sure of the temporal bone anatomy of the inner ear, or the rectus muscles and nerves of the eye or oral cavity anatomy. The best answer possibly is to pass on the case to the relevant on duty friendly radiologist for advice or reporting. Although maybe as a group we should be thinking but why ? this is interesting and sometimes a new challenge is needed. With this in mind we at Canterbury have progressed on from Head reporting to cover Facial Bones and Sinus and found it an interesting new avenue of reporting that both compliments our exisitng CT Head reporting skills and keeps us fascinated with the ever new pathology that comes through the department door.

This has also helped with our other type of A&E patient (Mr Chopsticks, seen below) that can be received on a semi random basis, who often on a weekend night has an altercation with another friendly member of the public and has to attend due to any number of penetrating injuried to the cranium, most notibly entering through the facial region. In the case of Mr chopsticks, his aforementioned chinese eating instruments. The formal training has greatly helped not only in identifying the soft tissue and bony anatomy throughout the path of the injury but helped in building the confidence to report this type of injury and increase our general knowledge of reporting.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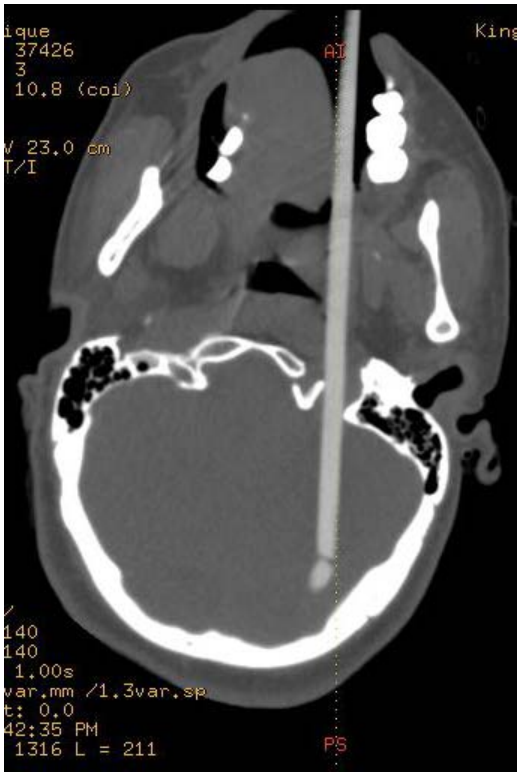
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