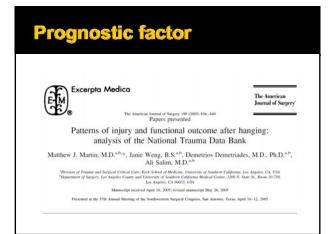
Case Conference Presenter: R1 李岱晃 Supervisor: VS 王瑞芳 990308



Prognostic factor

Comparison of hospital survivors with nonsurvivors

Variable	Survived $(N = 445)$	Died $(N = 118)$	P
Age (y)	30.4 ± 13.1	31.2 ± 14.2	.57
Sex	368 M, 77 F	97 M, 21 F	.90
ISS	6.0 ± 8.7	14.7 ± 11.0	<.001
Base deficit	4.1 ± 6.6	8.9 ± 10.7	<.001
GCS	9.0 ± 5.1	3.3 ± 1.6	<.001
Systolic BP (mm Hg)	133 ± 31	124 ± 55	.02
Respiratory rate	14.9 ± 9.9	5.7 ± 8.8	<.001
Hospital stay (d)	5.2 ± 9.3	3.2 ± 4.8	.02

BP = blood pressure; GCS = Glasgow coma score; ISS = Injury Severity Score.

Outcome of Cervical Near-Hanging Injuries

Shawan D. Nichols, MD, Mary C. McCarthy, MD, Akpofure P. Ekeh, MD, Randy J. Woods, MD, Mbaga S. Walusimbi, MD, and Jonathan M. Saxe, MD

Background: Cervical near-hangings Gauge Comn Score (GCS) at the scene or ED GCS of 3 does not not area, but have received little attention in the transmillerisative, Increased lower Costs in the energency department of patients received from our local jail and detection centers promote this study. But the second of the study of the second patients of the second p

Take Home Massage

- Detail Hx and PE
- Manegement
 - A: Airway + C-spine immobilization potential delay obstruction
 - B: prevent pulmonary complication
 - C: Take care of vascular injury
 - D: treat IICP, check GCS

Thank You For Your Attention!!

Iserson KV. Strangulation: a review of ligature, manual, and postural neck compression injuries. Ann Emerg Med 1984;13:179-185

MAJOR TRAUMA, OHCA WITH ROSC

Imaging findings:
CT of brain without contrast enhancement shows:
* Effacement of the bilateral sulci/fissures and ventricular

system. Blurring of the gray-white matter differentiation.

* No definite acute intracranial hemorrange.

* Lesion, 0.8-cm with calcified nodule within left Sinus.

CT of neck, chest & abdomen with/without contrast enhancement

- * Smooth alignment of the C-spine. No definite bony fracture or epidural hematoma noted.
 * No definite dissection or aneurysm formation in the bilateral neck
- vessels.
- vessels.

 *Nodular and patchy opacities at LUL may be due to pulmonary hemorrhage or lung contussion. No definite pneumothorax or hemothorax.

 *No pneumoperitoneum or hemoperitoneum.

 *Mild fatty liver.

 *Local ileus of the stomach and bowel loops with increased wall enhancement may be due to prior shock episode.

 *A 3.2-cm hypodense lesion at right adnexa, R/O ovarian cyst or endometrioma.

 *No definite bony fractures.

Impression:

- 1. Severe brain edema. No definite acute intracranial
- hemorrhage.
- 2. No definite C-spine injury or neck vessel injury.
- 3. Suspect pulmonary hemorrhage at LUL
- 4. No definite traumatic insult over intraabdominal solid
- organs.
 5. Rt ovarian corpus luteal cyst or endometrioma.
- 6. Left maxillary sinus lesion. Benign nature is favored.

- Fig. 1.—33-year-old woman who attempted suicide by hanging. When interpreting imaging studies in trauma cases, it is useful to apply mnemonic developed for resuscitation: ABCD.

 A, Airway maintenance, Breathing, Circulation: CT angiogram shows fracture-dislocation of cricoid cartilage and severe obstruction of airway by soft-tissue swelling (arrowheads). Bilateral common carotid artery dissections are depicted as crescentic nonenhancement of abnormally round vessels (arrows). Patency of jugular veins and vertebral arteries is shown (asterisks). Soft-tissue emphysema caused by airway disruption is present.

 B, Disability: Digital subtraction angiogram of right common carotid artery shows subintimal dissection (arrow).

 Downstream margin of subintimal hematoma shows irregularity toward bifurcation (arrowhead), suggestive of clot and most likely source of emboli to right middle cerebral artery.