

Gunshot Wounds - ED Management

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教團/沈垍肌



炮聲夾道 扁呂笑容僵住…中槍了



總統、副總統陳水扁、呂秀蓮昨天在台南拜票 掃街時遭到槍擊,陳水扁腹部中彈後還苦撐揮 手,背後的随屋随即攔腰撐住他的身體,而呂 秀蓮也因腳傷面露痛苦。

記者林秀明/攝影

這次槍擊案的子彈彈殼,仍待刑事局調查。

【記者辛啓松、鄭惠仁、凌珮君/台 南市報導】 www.jack119.org

陳水扁總統和副總統呂秀蓮 昨天下午到台南市遊街拜 票,兩人同乘一輛吉普車, 路過金華路三段時遭槍擊; 陳總統腹部有皮肉傷,共縫 了三十二針,呂副總統右膝 裂傷,送奇美醫院治療後均 無生命危險。

台南市警方在金華路三段十 二號路面,找到兩顆彈殼, 已由鑑識組送驗。這兩顆彈 殼是土造子彈的;至於是否 問題(1)

請問.33 口徑子彈的直徑是幾 mm?
A. 約11 mm
B. 約8 mm
C. 約5 mm
D. 約3 mm

問題(2)

何者<u>不是</u>entrance wound常見的特徵? A. 傷口周圍有碳粒 (soot) B.傷口周圍有燒焦 (seared) C.傷口周圍有 tattooing 現象 D. 傷口有 abrasion collar E. 傷口呈星狀且邊緣為 外推現象 (everted)

問題(3)

請問何者是決定子彈傷口外觀的因素?
A. Caliber
B. Velocity
C. Jacketed or not
D. Tissue type
E. All of the above

問題(4)

- 請問哪種子彈的傷害最可能併發 vascular embolism的現象?
 - A. Lead nose
 - B. Hollow point
 - C. Fully jacketed bullets
 - D. Teflon bullets
 - E. Magnum rounds

問題 (5)

高速子彈是指速度超過?
A. 500 fps
B. 1000 fps
C. 1500 fps
D. 2000 fps
E. 2500 fps

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Hint: fps = feet per second

Definitions

• Missile injury

any object that travels and causes physical contact and hence injury

Ballistics (彈道學)

motion of projectiles

Internal ballistics

study of projectiles in weapons

External ballistics

study of projectiles in air

• Wound ballistics

study of projectile penetration of tissues

Wounding Potential

Rules

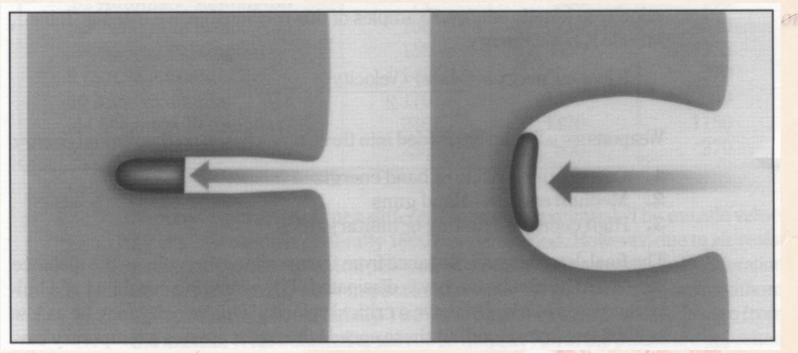
- Kinetic Energy = $\frac{1}{2}MV^2$
- Energy cannot be created or destroyed

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Consider

- Range
- Weapons
- Ammunition characteristics
- Path & entry profile
- Anatomy of impact site

Cavitation



Energy exchange between moving object and body tissue

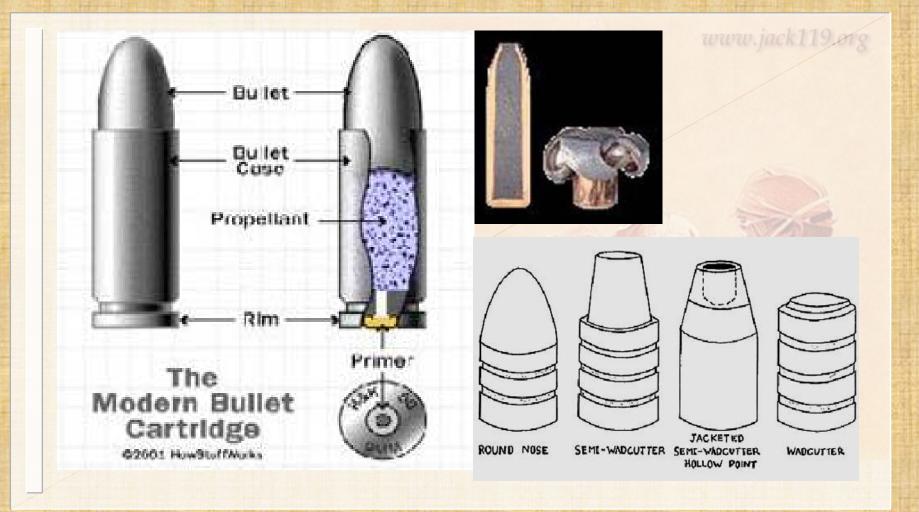
- 1. Surface area of impact point
- 2. Density of tissue
- 3. Velocity of projectile at impact

Wound at Point of Impact

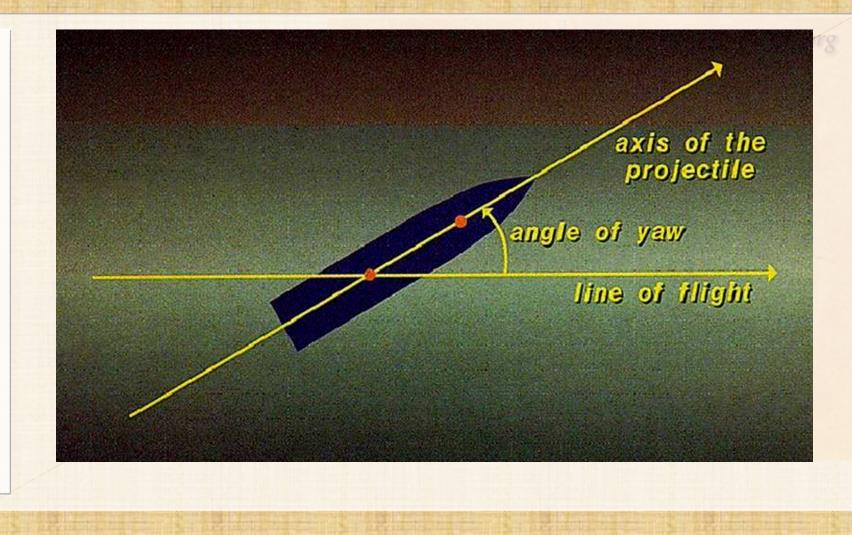


- Shape of missile ("mushroom")
- Ballistic tumble and yaw
- Fragmentation (shotgun, bullet fragments, special bullets)

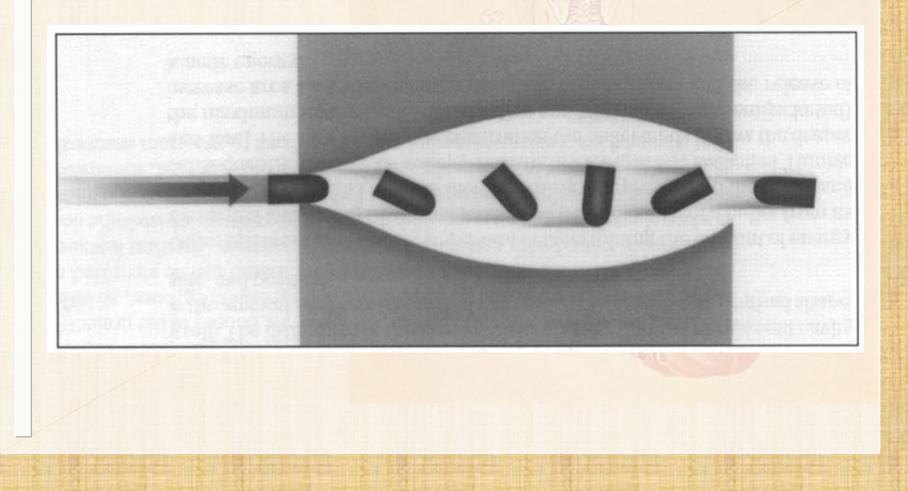
Mushroom (Deformation)







Tumble (翻滾) and Yaw



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Bullets

Low-velocity missiles

- Lead bullets: melt if > 2000 ft/s
- Semijacketed bullets: lead nose / hollow point designed to mushroom

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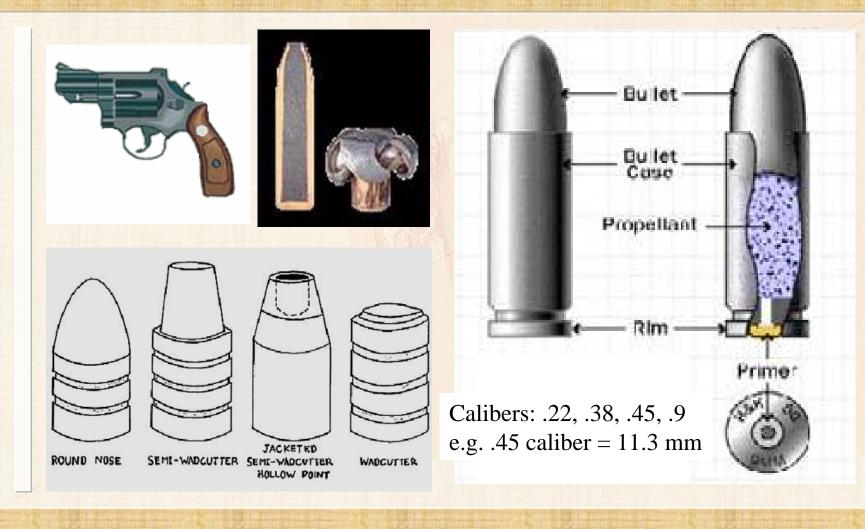
High-velocity missiles

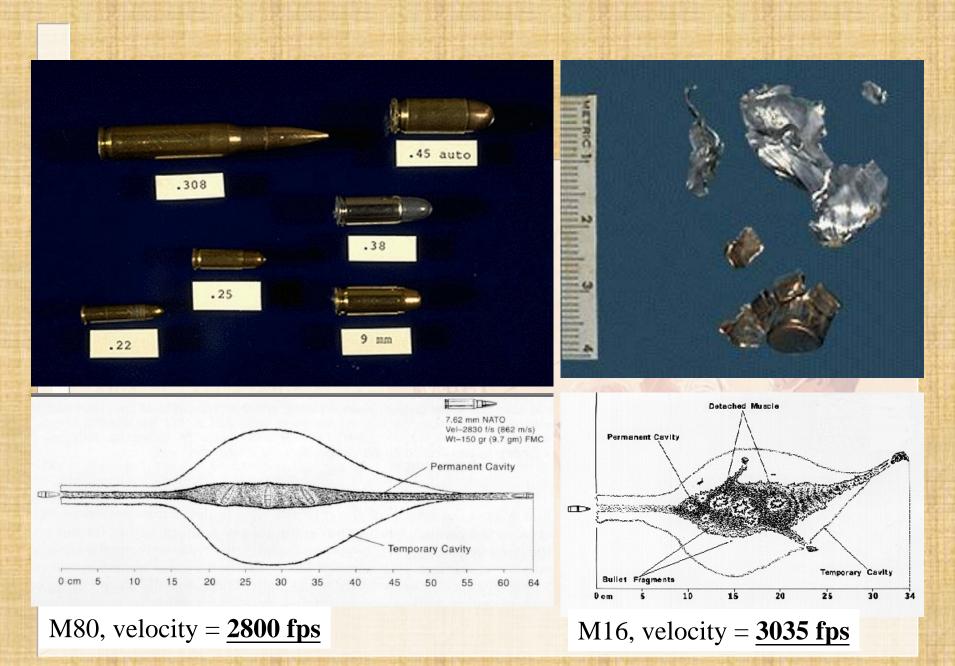
- Fully jacketed with copper-nickel or steel
- Teflon bullets

Magnum rounds

- Cartridges with greater amount of gunpowder

Low-Velocity Missiles





High-Velocity Missiles



Teflon Bullets



Magnum Rounds (高彈藥量子彈)





Energy Level of Projectiles

• Kinetic energy

- Kinetic Energy = $\frac{1}{2}MV^2$
- Muzzle velocity \neq Impact velocity

Low-energy weapons

- Knife / hand energized missiles
- Medium-energy weapons
 - Hand guns

High-energy weapons

Hunting / military rifles



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Velocity and Energy Level

Conventional classification:

- Low velocity < 1000ft/s (305m/s)</p>
 - Handguns / air-rifles
- Medium Velocity 1000-2000 ft/sec (305-610m/s)
 - Shotguns
- High Velocity >2000ft/s (>610m/s)
 - Rifles / semi-automatic / automatic

BUT

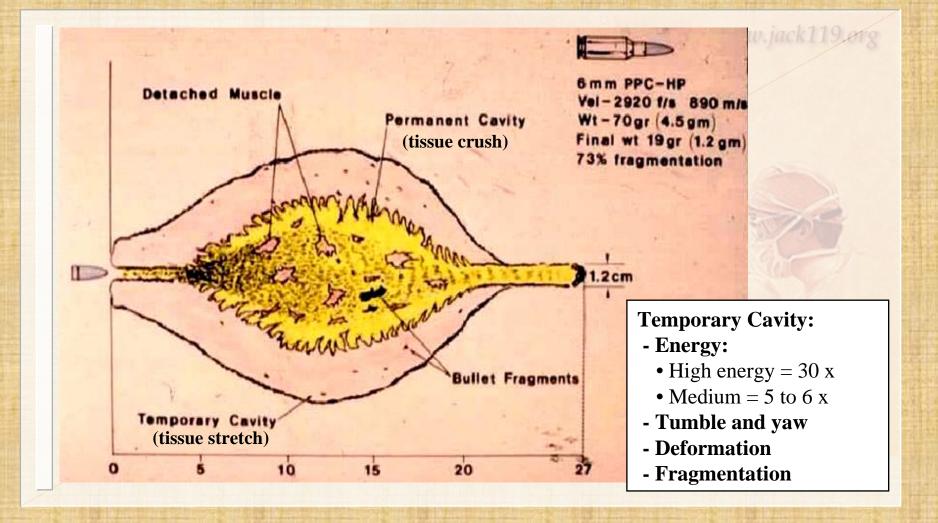
- Energy of weapon \neq Energy on impact with tissue
- The velocity of a projectile is highest at the muzzle and drops off steadily because of air resistance
- Treat the wound not the weapon

Missile Kinetic Energy

Caliber and Manufacturer	Bullet Weight (Grains)	Velocity (Feet/ Second)	Energy (Feet/ Pound)
Rifle Ammunition	will of Lovey school	nuo elas mere	
.22 Remington Rim Fire	40	1180	124
6 mm, 243 Winchester	75	3500	2037
.300 H and L Magnum	180	3670	3670
.375 H and H Magnum	270	2720	4440
Handgun Ammunition	blust from four to	the visible with	
.25 Remington Automatic	50	810	73
.32 Short Remington	80	745	100
.32 Automatic Remington	71	960	140
.357 Magnum Remington	158	1410	540
.38 Special Remington	158	855	255
9 mm Automatic	140	935	270
10 mm Automatic	170	1340	680
.44 Magnum Remington	240	1470	1150
.45 Automatic Remington	230	850	370

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Temporary Vs. Permanent Cavity



Shotgun Wounds



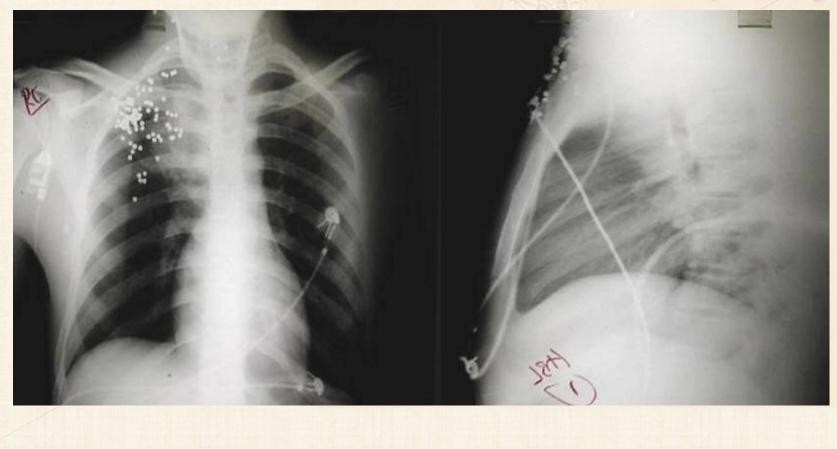
- Spread occurs at 14 inches
- Close-range shots may introduce clothing and wadding (infection)

(包裝、填塞物)

- Pool ball effect
- Blast effect
- Rarely exit
- Embolize
- Lethal at close range; ineffective at greater distance

Shotgun Wounds

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Shotgun Wounds



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Range of Fire

• Wound characteristics vary:

– Contact

The most devastation

- Close Range

Arm's length

– Distant

Most handguns: significant decrease in KE at 100 m

Most military rounds: retain large KE at 500m

At Close / Contact Range



Entrance Vs. Exit Wounds

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• Caution!

Wound appearance:

- Type of projectile
- Jacketed or not
- Hollow-point / ball ammunition
- Velocity
- Yaw
- Tissue type
- Legal purpose?

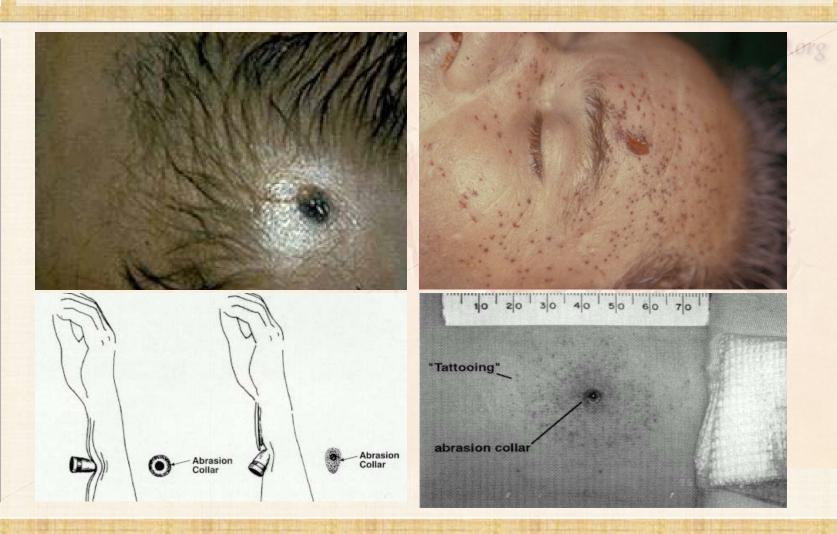
Entrance Wound



Soot is a carbonaceous material which will deposit on skin.

stellate tears are the result of injection of hot gases beneath the skin.

Entrance Wound



'Tattooing' = punctate abrasions from unburned grains of gunpowder.

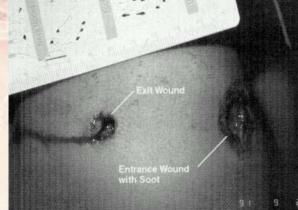
Entrance Wound

Only one single wound
Histologic evidence of powder burns around wound

Exit Wound

- 1. Skin edges are generally everted.
- 2. Abrasion collars and soot are not usually associated with exit wounds.
- 3. Tattooing is never seen at an exit wound.
- 4. Are NOT always larger than its corresponding entrance wound.
- 5. May not appear directly opposite the entrance wound.





Clinical Purpose

• 2 holes = entrance & exit

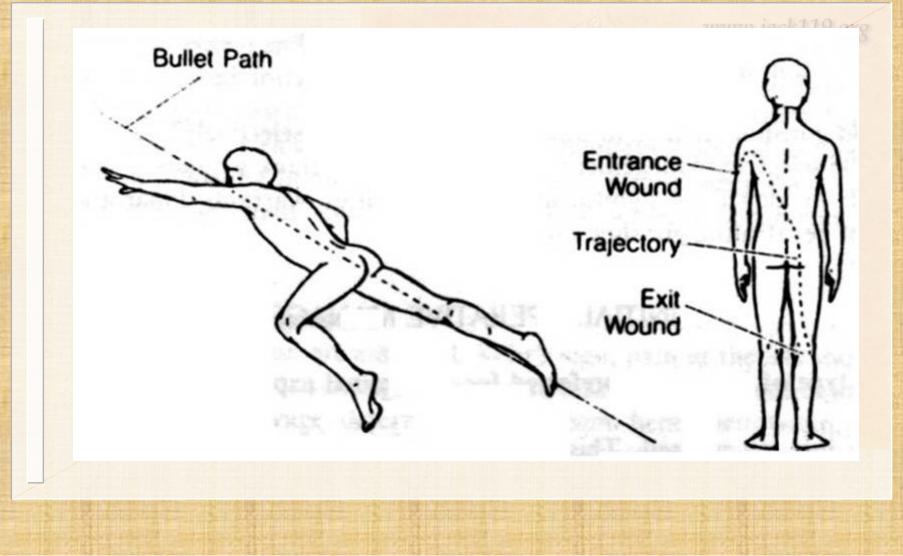
- Anatomy damaged
- Type of surgical procedure

Entrance

- Round or oval with surrounding
 1 to 2-mm blacked area of burn
 or abrasion
- Close range: tattooing, subcutaneous air
- Exit
 - Stellate / slit-like in appearance



Entrance Vs. Exit Wounds





總統右腹流血 走進急診室 縫了32針

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陳水扁總統昨天在台南市掃街拜票 時中槍,子彈擦傷腹部,造成長約 十一公分、寬與深各約兩公分的橫 向裂傷。

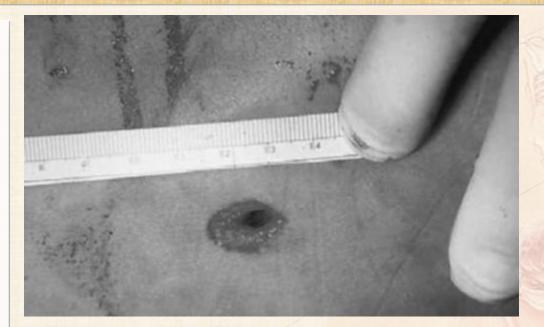
記者胡經周/翻攝



Entrance or Exit?



Entrance or Exit?



A 'shored' exit wound has the appearance of a 'false' abrasion collar. This false abrasion collar results when epithelium is forced outward and makes contact or is slapped against a supporting structure, i.e. floor, wall or furniture. A short exit may also be referred as a supported exit wound.

ED Management

• ATLS approach

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-A - B - C - D - E - Secondary survey - Transfer

Consider Intra-abdominal injury

- Small wounds can have associated extensive internal damage
- Missile do not always travel in straight lines

Signs of vascular injury

- Hematoma, pulse deficit, bruit, pulsitile or uncontrolled bleeding
- Need urgent investigation
- Wound description and projectile collection
 - Legal-forensic consideration
- Beware multiple wounds

Abdominal GSW

Peritoneal penetration in > 80%

- Significant visceral injury in > 95%
- Laparotomy mandatory

Studies

- Biplanar radiographs
- DPL* / FAST / CT / Angio
- Wound exploration impractical
- *PE alone un*reliable (FN > 20%)

Imaging



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Look for FBs, fractures, gas
If cannot find bullet, re-examine patient!

Surgery

Indications

- Significant tissue damage
 - Ecchymosis, swelling
- Neuro-vascular injury
- Obvious contamination
- Joint involvement
- Unstable fractures

High Energy Transfer

Evidence

- Functional disturbance and swelling

- Bullet fragmentation
- Visible cluster on x-ray

Disposition

Surgery or
Superficial debridement

- Betadine dressing
- Left open
- Antibiotics (oral or IV)
- Follow up in OPD until healed
 - 2% infection Staph or Strep

Questions?



GSW: Summary

- More and more common
- Legal & Forensic issues
- Wounding potential
- Treat patient and wound NOT the weapon

- Surgery
- Antibiotics

Thank You



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Fashion Accessories