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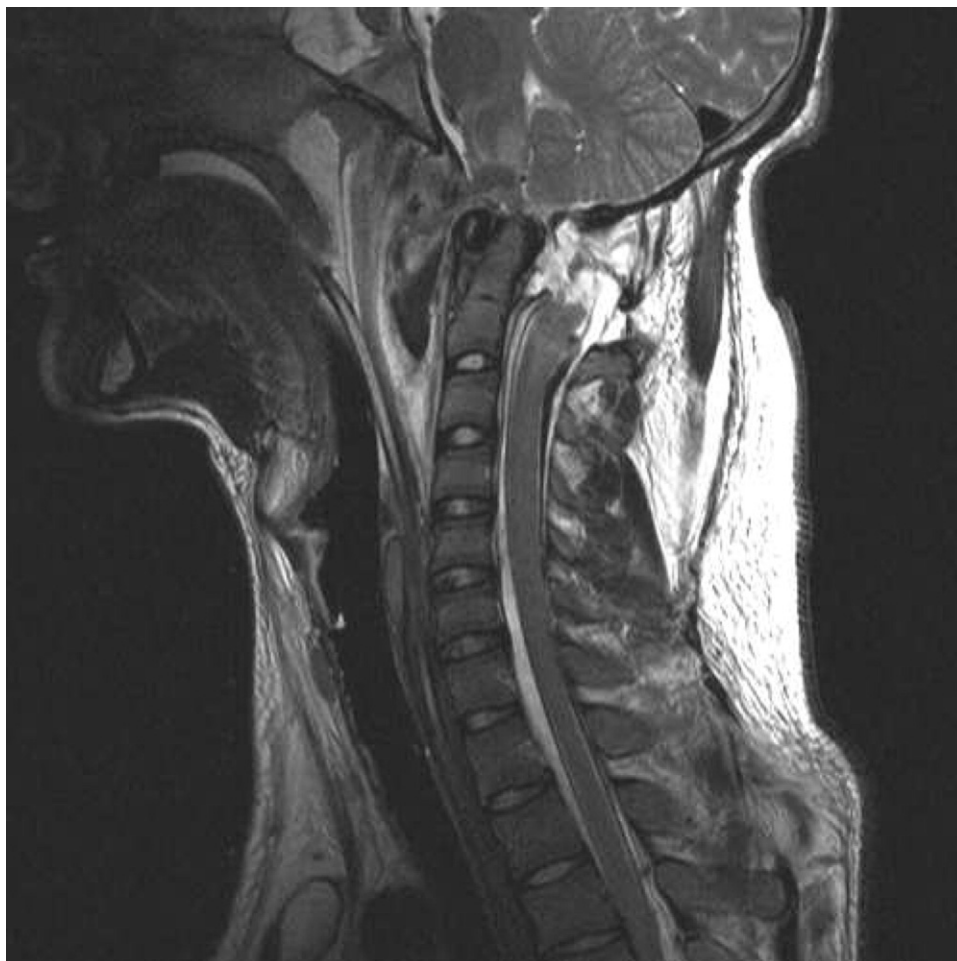


Figure. Mid-sagittal T2-weighted magnetic resonance image of the cervical spine. Used with permission of Oliver P. Gautschi, MD, Department of Orthopaedic and Trauma Surgery, Royal Perth Hospital, Perth Western Australia, Australia.

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A 20-year-old white man, without significant medical history, lost control of his motor bike while traveling at high speed. At the scene, the patient was unconscious and had a Glasgow Coma Scale score of 3. A witness at the scene provided immediate and successful resuscitation before the patient's transport to the emergency department.

*For the diagnosis and teaching points, see page 545.
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In reply:

We thank Dr. Shiber for explaining the risks inherent in hepatic hydrothorax evacuation and for elucidating how tension chylothorax occurs following trauma or thoracic surgery.

To add to the discussion of the treatment of extrapleural fluid, we cared for a woman with acquired dysfibrinogenemia due to liver disease who sustained a right axillary stab wound. Her prothrombin and partial thromboplastin were prolonged. Within 2 hours, the patient developed hypotension, increasing

respiratory distress, and a tension hemothorax. She received 4 units of fresh frozen plasma, and a chest tube was placed which drained 2 liters of blood. Fortunately, her bleeding stopped without further intervention.

This case is consistent with the general point made by Dr. Shiber that tube thoracostomy is a potentially life-saving intervention, but carries significant risks in certain patients. Care must be taken to minimize those risks.

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IMAGES IN EMERGENCY MEDICINE

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DIAGNOSIS:

Complete medulla/cervical spinal cord transection. A magnetic resonance image (Figure) revealed a complete medulla/cervical spinal cord transection with atlanto-occipital dislocation. The patient underwent occipitocervical stabilization. The patient had an Injury Severity Score of 75, which by definition is inconsistent with survival. Now, 2 years after the injury, the patient is still alive but is fully dependent on continuous life support and care. This case illustrates the possibility of long-term survival after complete medulla/cervical spinal cord transection if immediate and successful resuscitation is provided at the scene.