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Figure 1. Right neck mass.

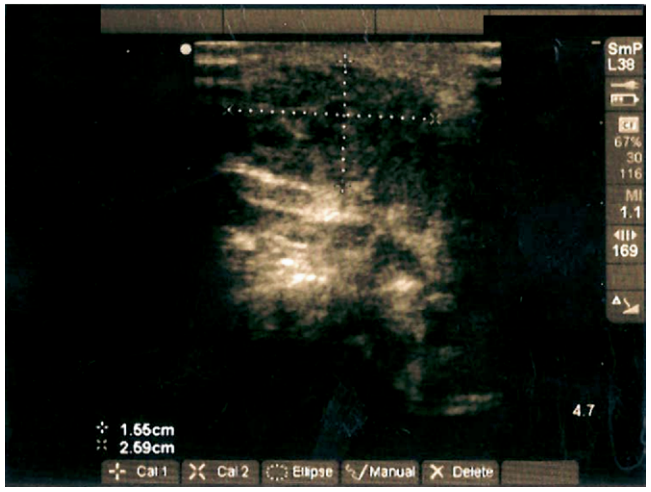

Figure 2. Bedside ultrasound shows the 1.55 cm by 2.69 cm mass, outlined by the calipers. Note the heterogenous nature of the tissue. Used with permission of Whit Fisher, MD, Bellevue Hospital Center, Emergency Medicine Department, New York, NY.

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A 5-year-old girl with an unremarkable medical history and a full vaccination course presented with a tender right neck mass first noticed by her parents 5 days prior. The child only complained of pain when the mass was palpated; she had been afebrile and otherwise behaving normally. Her examination was notable for a mildly erythematous, mobile, non-fluctuant neck mass (Figure 1). There were no signs or symptoms of airway or oropharyngeal obstruction. Bedside ultrasound showed heterogenous tissue with small areas fluid collection (Figure 2).

For the diagnosis and teaching points, see page 97.
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learning resource for emergency physicians who frequently encounter clinical situations with forensic components. The goal of this textbook is to educate physicians on the recognition, evaluation, treatment and documentation of forensic evidence. It also aims at enhancing their understanding of the victims as well as the perpetrators of acts of violence, abuse, and neglect.

The book consists of 17 chapters that address the most commonly encountered forensic scenarios in 290 pages. The first 3 chapters discuss the perpetrators, victims and interviewing techniques that are involved in cases of violence and abuse. The chapter on perpetrators is concise, but contains useful psychological and contextual information which is important for the physician to understand when evaluating a victim (or perpetrator). Similarly, the second chapter that discusses the clinical evaluation of victims does an excellent job of addressing the psychology and behavior of different types of victims such as children who witness acts of violence, the disabled, and those who are gay or lesbian. The authors include clearly outlined and numbered recommendations for providers that are clinically valuable.

Subsequent chapters address penetrating and vehicular trauma. These chapters liberally incorporate photos and illustrations that complement the text's major points. Frequently, photos of the victim and cars or weapons illustrate a key point in the text. There are multiple photographic examples of such forensic nuances as wound shapes, stippling, airbag injuries, and others.

Despite its frequency and enormous medical-legal implications, proper handling of sexual assault in the emergency department is generally a subject most physicians are poorly trained in, with resultant reliance on specially trained sexual assault nurse examiners (SANE). Chapters 6 through 8 focus on examining the adult, child, and adolescent victims, as well as perpetrators. The book is unique in its step-by-step guides, sample documentation charts and drawings that are so critical in maintaining a chain of forensic evidence.

Other interesting chapters include New Drugs of Abuse, Serology and DNA Evidence, Law Enforcement, Testifying, and Forensic Photography.

This textbook excels where others fail in direct relevance and clinical utility to the practicing emergency physician. The text is concise, clinically oriented and without excess volume. Included are many sample forms and guides such as a sexual assault checklist, or photographic consent form that may be copied directly from the book and used in any emergency department. Also included are samples of forensic documentation sketches. Finally, legal issues are explained clearly and concisely.

Unfortunately, the book lacks adequate color photographs and illustrations. The book only contains a 4-page section of color photographs that includes high-yield photos, but are inadequate in number and quality to provide much skill in identifying certain types of injuries such as those involving the ano-genital system.

In summary, this is a streamlined, well-balanced, and practically useful text on forensic emergency medicine that emergency physicians would benefit from having in their library.

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IMAGES IN EMERGENCY MEDICINE
(continued from p. 90)

DIAGNOSIS

Bartonella henselae lymphadenitis. The patient registered positive for *B. henselae* by serology testing.

"Cat scratch disease" is most common in patients with a history of exposure to cats, especially kittens, which are frequently bacteremic for *B. henselae*. Fever and other systemic symptoms are often absent, and reactive lymph nodes frequently regress after several weeks. In some cases nodes may suppurate and require aspiration.[1,3]

Rare complications can include hepatic granulomatous lesions, splenic abscesses, encephalopathy, osteomyelitis, conjunctivitis, and neuroretinitis.[1,2,3]

Diagnosis is most commonly made by serologic testing and evoking a history of cat exposure. Treatment in symptomatic individuals typically involves a five-day course of azithromycin.[1]

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