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Figure 1. Patient at presentation, demonstrating unilateral facial swelling and erythema.

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A 71-year-old man presented to the emergency department with progressive swelling and tenderness of his left cheek. He was taking metformin for diabetes and amitriptyline for fibromyalgia. His initial vital signs revealed a temperature of 39.3°C (103°F), pulse rate of 105 beats/min, and blood pressure of 96/50 mm Hg. Examination demonstrated firm, tender, warm, and erythematous swelling over the left mandibular ramus that extended to the cheek (Figure 1). Massage of the area solidified the diagnosis (Figure 2).



Figure 2. Direct external pressure over the swelling resulted in pus emanating from Stensen's duct. Used with permission of Sarah Nelson, MD, Department of Emergency Medicine, Maine Medical Center, Portland, ME.

For the diagnosis and teaching points, see page 78.

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perspective during this rapid proliferation. The book is a compilation of individual patient encounters, chosen primarily for their shock value, as well as some colorful personal moments with members of the crew. This is the second edition of *Trauma Junkie*. The first edition, published in 2001, was within 4 years of the end of the author's tenure at CALSTAR, which probably made the book more compelling and timely. This edition, according to the foreword, adds some additional patient anecdotes to several sections of the book and provides follow-up on the author, as well as her colleagues. The book lacks the tension and excitement that was suggested by the title. The patient encounters are not particularly compelling; in fact, many of the patient encounters are similar to some of my own during that time. The book does, however, reflect the creative thinking that was characteristic of that period in EMS.

The book seems conflicted about the audience for whom it was intended. At times it reads as if the author is directing the book to other medical professionals, using common medical/EMS terminology and descriptions. At other times, she defines various medical/EMS terms as if the book is directed toward the lay reader. On page 75, she comments, "Many people don't understand the seemingly chaotic sequence on an EMS call." On page 116, she feels the need to define incident commander, again another term that would be relatively well known by EMS professionals. On numerous occasions throughout the book, the author uses radio codes, "10-2" and "10-4," which are not defined, making determining the book's intended audience even more confusing.

It is also troubling that the book contains outdated medical

procedures, without any reference to current medical practice. Because this is the second edition, it seems as if it would be prudent to make mention of the differences, especially because it has now been more than 10 years since her last flight with CALSTAR. For example, on page 45 the author is transporting a patient with a closed head injury, stating, "I hyperventilated our patient to blow off CO₂ he had undoubtedly accumulated before being intubated. This maneuver also helped to decrease the brain swelling by constricting the blood vessels between the brain and the skull." On page 62, she is discussing an extended extraction and quotes her partner as stating, "The trauma surgeon may not like it, but let's try to titrate (morphine) a little in at a time." A side note about current practice would help to educate the novice EMS professional, as well as any lay person who may read this edition.

The book is a nostalgic look at the time when EMS was simpler, without the oversight and rules of today. An experienced medical/EMS professional might find this book a bit tiresome, with all the conversations that take place before, during, and after each flight. As an educator, I would be hesitant to recommend this book to the novice EMS professional because of the outdated medical procedures.

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DIAGNOSIS:

Acute suppurative parotitis. Acute suppurative parotitis affects primarily the elderly and immunocompromised. Predisposing factors include poor oral hygiene, dehydration, malnutrition, alcoholism, diabetes, autoimmune disease, use of oral secretion-reducing medications, and ductal obstruction by sialolithiasis, tumor, or foreign body.^{1,2} The differential diagnosis includes viral infection (mumps), sarcoidosis, sialolithiasis, chronic recurrent parotitis, and neoplasm.¹ The most commonly cultured microorganisms are *Staphylococcus aureus* (including MRSA³), α -hemolytic streptococci, enteric gram-negative rods, and anaerobic bacteria.

Patients typically present with unilateral facial swelling, erythema, and tenderness. They commonly have fever with leukocytosis and may progress to frank sepsis. Purulent material can frequently be expressed from the orifice of Stensen's duct. Locally advanced disease can spread to adjacent head and neck structures, causing abscess formation, jugular vein septic thrombophlebitis, osteomyelitis, and facial nerve palsies.²

Ultrasonography and computed tomography scanning are appropriate diagnostic methods. Treatment includes rehydration, nutritional support, warm compresses, sialogogues, good oral hygiene, and focused antimicrobial therapy. Surgical intervention is indicated for lack of improvement with antibiotic therapy, facial nerve involvement, local extension beyond the glandular capsule, and frank abscess formation.¹

REFERENCES

1. Fattahi TT, Lyu PE, Van Sickels JE. Management of acute suppurative parotitis. *J Oral Maxillofac Surg.* 2002;60:446-448.
2. Sheppard DC, Chambers HF. Suppurative parotitis. *Western J Med.* 1998;169:116-117.
3. Nicolasora NP, Zacharek MA, Malani AN. Community-acquired methicillin-resistant *Staphylococcus aureus*: an emerging cause of acute bacterial parotitis. *South Med Assoc.* 2009;102:208-210.