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Clinical Image
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SF Medical Case Reports and Clinical Images

Do Not Miss a Hidden "Volcano" & Remember "DCO"

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Clinical Image

The case highlights a hidden serious injury of volcanic proportions, which was missed on the very first observation of the external obvious injury & its successful management with the concept of Damage Control Orthopaedics (DCO). A 42 year old alcoholic male patient sustained injuries following fall from height. He had lacerated wounds, with pain and swelling over the shoulder and arm without distal neurovascular deficit (Figure 1 and 2). He was stable & had no other injuries. He was taken to Operating Room (OR) for managing the wounds and underlying

Figure 1: Clinical picture showing abrasions on anterior chest & lacerated wounds over arm and shoulder region on initial evaluation in emergency department.

Figure 2: Clinical picture showing lacerated wound in the front of upper arm and antero medial aspect of axillary/ shoulder region on initial evaluation in emergency department.

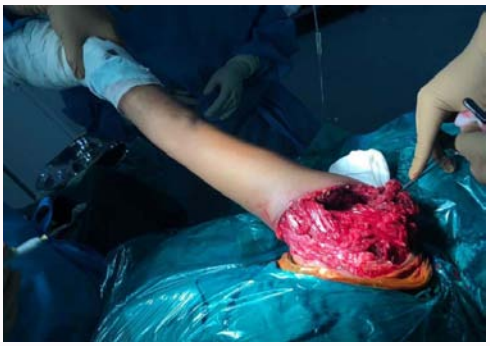

Figure 3: Clinical picture in OR showing extensive laceration of volcanic proportions involving upper arm and axillary region.

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Figure 4: Clinical picture in OR showing extensive laceration of volcanic proportions involving upper arm and axillary region.

Figure 5: Post operative clinical picture with wounds primarily closed with stabilization of humeral fracture with the external fixator.

Figure 6: Post operative radiograph showing humeral fracture stabilized with external fixator.

humeral fracture found on radiography. To the clinician's dismay, he was found to have a perplexing extensive laceration involving the inside of arm and axillary region, which was missed in initial evaluation due to its location and associated obvious fracture in that region (Figure 3 and 4). A thorough lavage, debridement, exploration of axillary neurovascular structures was done. Fortunately, the axillary neurovascular structures were found intact. Wounds were successfully closed primarily over the drain & humeral fracture was stabilized with external fixator using shanz pins, tubular rod and universal clamps (Figure 5 and 6).