

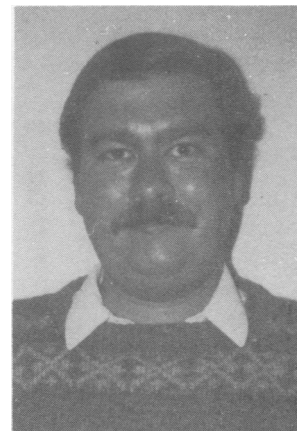
CASE REPORT

PERIORBITAL PNEUMATOCELE AFTER FACIAL TRAUMA IN A BOXER

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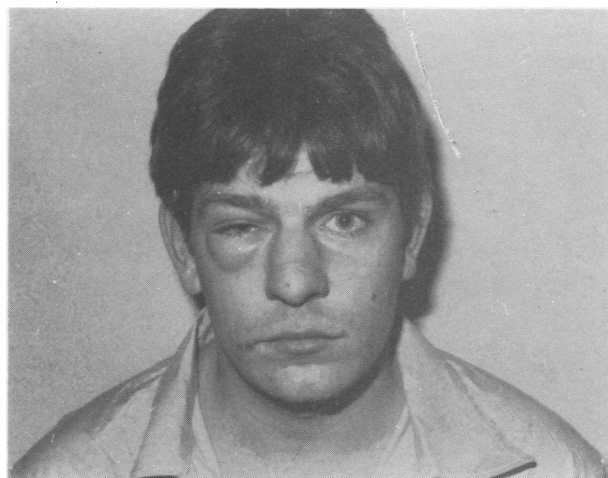
Present address: Cambridge Military Hospital, Aldershot, GU11 2AN



An amateur boxer aged 22 presented on the morning after a boxing match complaining that both eyelids of the right eye swelled up every time he blew his nose and completely occluded the eye.

On examination he had an obvious fracture of the nose with evidence of epistaxis and slight deviation of the nose to the right, together with surgical emphysema between the nose and the eyelids on the right. He took great delight in producing the deformity for the amusement of his comrades. Finger pressure applied to the swollen tissues caused deflation and an audible hiss of air escaping into the nose. Neurological examination was normal and there was no diplopia. Neurological observations for 24 hours were entirely normal. Radiological examination confirmed the presence of a fracture of the nasal bone, but no fracture of the orbit was demonstrated.

He gave no recent history of coryza or sinusitis, but was given nasal decongestants to reduce the urge for nose blowing. He received no antibiotics. Two days later



he was unable to produce the swelling, and one month later he remained completely well.

COMMENT

A recent report of a similar injury (Day and Englehard, 1980) implied that the mechanism producing periorbital swelling was that air escaped from the frontal or ethmoid sinuses to the orbit via a fracture in the wall of the orbit. In the present case it was apparent that air was escaping through a fracture in the nasal bone and a presumed tear of the nasal mucosa and was tracking subcutaneously to the periorbital tissues.

A further communication on the subject suggests that this type of injury may not be uncommon (Gilbert, 1980), nevertheless it must still be regarded as an interesting oddity.

REFERENCES

- Day, T. K., and Englehard, H. H. III, 1980 "Subcutaneous pneumatocele after facial trauma". *Br.Med.J.* 280: 984.
- Gilbert, P. M., 1980 "Subcutaneous pneumatocele after facial trauma. (Points) *Br.Med.J.* 281: 459.