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CASE REPORT

AN UNUSUAL CYCLING INJURY

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A fit 37 year old club cyclist (average weekly mileage 500 miles) was on a training session with three companions. After 12 miles of quite intense effort, and while cycling along a sea wall, in a moderate onshore breeze, a freak wave washed over the wall and swept him into the sea.

Initially he was unable to release his feet from the pedal toe clips and remained underwater for 2 to 3 minutes. He was rescued by one of his companions, brought ashore, and taken to the local cottage hospital where, although exhausted and cyanosed, he continued to breathe spontaneously.

On admission to the District General Hospital, approximately 45 minutes after the event he complained of breathlessness and left hypochondrial discomfort. He was dyspnoeic, peripherally cyanosed and had bilateral coarse basal crepitations. Treatment involved: oxygen 5l/minute, aspiration of stomach contents (400 ml clear fluid), Dexamethasone 8 mg intravenously, Ampicillin 500 mg intravenously and 6 hourly.

Chest X-ray on admission showed an inflammatory reaction of the right middle and left lower lobe. No skeletal abnormality.

His condition improved in the following 24 hours, his recovery uneventful and he was discharged 72 hours after admission. X-ray 48 hours later showed no lesion. Changes seen on the previous film had now resolved. The bicycle was recovered at a subsequent low tide.

Cyclist on admission.

COMMENT

Serious racing and touring cyclists would usually wear a special shoe; a leather upper and a flat hard sole with a metal ridge ("toe plate"). With toe clips and cycling shoe the cyclist is effectively locked to his machine. On this occasion the patient was wearing hard leather training shoe with a ripple sole. It is unlikely that he would have survived wearing the correct equipment.

Cyclist 48 hrs later.

Surgeon Rear Admiral Stanley Miles comments "This is a typical example of delayed or secondary drowning, in this case fortunately not fatal, though the outcome is, in many cases. Only a portion of the lung is involved in this case, as the X-ray shows."

The condition is described in some detail in 'Underwater Medicine', S. Miles and D. E. Mackay, 1976. p. 187. Adlard Coles, London. — Editor.