had loss of consciousness with no ENT bleed. Upon arrival his vitals were all normal and triaged to the yellow zone. On examination, his GCS was 15. There was a swelling at glabella area with facial crepitus and tender on palpation, increased intercanthal distance, depressed nasal bridge and mobile nasal bone. Mild chemosis with subconjunctival emphysema of left eye was noted. CT brain showed multiple facial bone fracture involving nasal bone, nasal septum, ethmoid and sphenoid fracture, anterior and medial wall of both maxillary sinus with air entrapment at left lateral rectus muscle and lateral orbital wall. Nasal bone fracture was treated conservatively by ENT team. Ophthalmology team treated patient symptomatically with close monitoring. He was admitted to neurosurgery unit for pneumocranium with base of skull fracture. In ward, he developed cerebrospinal fluid (CSF) rhinorrhea and was started on intravenous antibiotics. No clinical deterioration or visual impairment was reported during the duration of admission in neurosurgery ward.

DISCUSSION & CONCLUSION

Be aware of risks in a patient with orbital emphysema. Sunconjunctival emphysema sign should be recognized by clinician so as not to miss the diagnosis. Although most are benign, some may develop orbital compartment syndrome (OCS) leading to irreversible optic nerve neuropathy requiring surgery. In a not too severe case, conservative management with regular assessment can be considered.

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'NEEDLESS NEEDLE': THE HAZARD OF SMOKING SHISHA

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INTRODUCTION

Shisha smokers sustain unhealthy risks associated with the heavy smoke inhaled into the lungs. We present an usual case in which a needle used to poke the sisha alumunium foil was ingested into the alimentary tract.

CASE REPORT

A 36 years old Syrian who was previously well presented to our centre with the chief complaint of accidentally ingesting a needle. He came to our centre 3 hours after the ingestion. The needle was used to poke aluminium foil of the shisha and subsequently put in between his teeth. He was having fun with his friend and laughed and in the process ingested the needle. At our centre, his vital signs were all normal. He did not complain any pain or discomfort. Xrays taken showed a 3 centimeters needle over the left gastric area. Surgical referral was made. Patient was observed for 6 hours. Subsequently, decision for surgery was made as the needle remained static.

DISCUSSION & CONCLUSION

Accidental needle ingestion is unusual. Needle does not travel within the gut easily and tend to get stuck. Surgical intervention is required to remove the foreign body.