DISCUSSION

Bullous erysipelas, is a clinical diagnosis that indicates superficial cellulitis with lymphatic involvement; it is typically caused by group A β-hemolytic streptococci. It typically appears on the legs and face as sharply demarcated, tender erythema and edema, with an indurated border. Diagnosis involves the differential exclusion of cellulitis, allergic contact dermatitis, bullous pemphigoid, necrotizing fasciitis and varicella–zoster. Management of bullous erysipelas includes appropriate empiric antibiotic therapy, with consideration given to local rates of MRSA.

LESSONS LEARNT & CONCLUSION

Be aware that simple abrasion wound following trauma in some cases may develop bullous erysipelas as a complication. Late initiation of antibiotics may predispose this. A prolonged course of antibiotics is required for this condition because of risk of re infection and the recovery takes longer time.

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"BREAKING MY HEART, SHATTERING MY CHEST, CLOUDING

My Brain": a case of commotio cordis with stable VT following a polytrauma

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INTRODUCTION

We describe a case in which a patient without any past co-morbid present to our centre with cardiac dysrhythmia.

CASE DESCRIPTION

31 years old male pedestrian was hit by a car. Patient was seen having seizure at the scene of accident. Ambulance team responded and brought the patient back to our department. The seizure aborted spontanouesly. Upon arrival, patient was unconscious. The GCS was 3/15. Pupils were unequal. BP 180/110 and HR 69. Patient was immediately intubated. After 30 minutes, patient developed ventricular tachycardia (VT) but with pulse palpable. Synchronized cardioversion delivered at 150 & 200J, 200J. Rhythm reverted but recurred and another 200, 200 J delivered. Patient still had VT intersped with mixture of poly and monomorphic PVC. IV MgSO4 2.47gram was given in quick infusion over 15 minutes and no more recurrence noted. CT SCAN showed SAH and SDH with cerebral edema. Bilateral lung contusions were seen on CXR. Patient was treated conservatively in neurosurgery ICU. The VT was attributed to cardiac contusion (commotio cordis). The troponin level was high. Patient's cardiac condition stabilized until he was admitted to neurosurgical intensice care unit. However, patient succumed 3 days later due to severe traumatic head injury.

LESSONS LEARNT & CONCLUSION

This is a rare case in which patient developed persistent stable VT after having head injury following a motorvehicle accident. Magnesium sulphate was useful in reverting the rhythm to sinus rhythm in this case.