

## Soft-tissue images. Bullet embolism

A 42-year-old man attempted suicide by discharging a 0.22 calibre hand gun into his chest. The entry wound was located over the inferior border of the right clavicle at its medial aspect. There were powder burns medial to the wound, extending onto the neck, and subcutaneous emphysema was present around the entry wound. No exit wound was present. Nothing abnormal was noted on neurovascular examination of the upper extremities, and the patient was hemodynamically stable, had no

evidence of hemoptysis, hoarseness or hematemesis and denied experiencing dysphagia.

A chest radiograph, obtained at the referring hospital, showed that most of the bullet fragments were located in the superior portion of the right chest. A single fragment lay inferolateral to the left hilum (Fig. 1, arrows). A chest tube had been inserted to treat the right hemopneumothorax. Only 130 mL of blood drained, and there was no ongoing loss.

Spiral computed tomography of the chest with the use of oral and intravenous contrast medium showed the right-sided bullet fragments in

apposition to the junction of the innominate vein with the superior vena cava (Fig. 2, arrow). The single bullet fragment on the left side was judged to be in a branch of the left lower lobe pulmonary artery (Fig. 3, arrow). There was no mediastinal free air or contrast extravasation from the esophagus to suggest mediastinal passage and injury by the bullet. The parenchyma of the left lung was normal. It was concluded that the left bullet fragment had embolized from the right innominate vein.

Oral feeding was begun without incident. Psychiatric assessment was completed and the patient was discharged home. ■



FIG. 1.

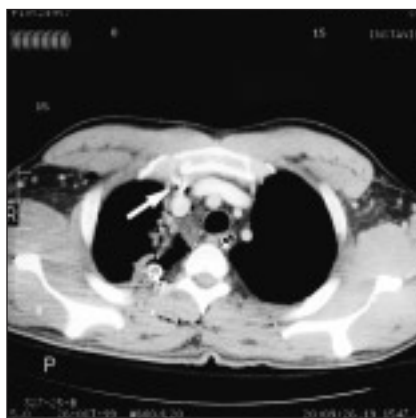


FIG. 2.

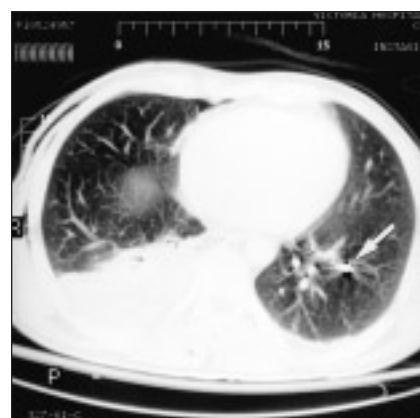


FIG. 3.

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