Unusual Abdominal Gas after an Acute Lumbar Compression Fracture

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An intoxicated 80-year-old man was transported to the ER for severe lumbago. His foldaway bed had crushed him as he was pulling it out of the closet. His vital signs were as follows: JCS1 GCSE4V5M6, BP=119/57 mmHg, HR=67/min, BT=36.0°C and SpO2=93-95%. An X-ray showed a new lumbar 2 compression fracture (Picture 1, left panel). He vomited food with dark blood, which we considered to be indicative of Mallory-Weiss syndrome. Thirteen hours later, he complained of abdominal swelling and anorexia (Picture 1, right panel). Twenty-five hours later, he went into shock; the CRP level was 26 mg/dL and he showed elevated amylase and lipase levels. CT imaging revealed duodenal perforation. We had overlooked the pneumoretroperitoneum in addition to the lumbar fracture (Picture 2). The strong impact that had crushed his lumbar region may have also caused a steering-wheel injury, which was localized between the lumbar spine and a full stomach (1, 2). Although the patient underwent emergency surgery, he nevertheless died of severe panperitonitis and septic shock.

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