Case report: blast injury

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A case of blast injury with tympanic perforation and limb laceration is reported. The classification (into four types), mechanism and pathogenesis of blast injury are discussed. Detection of early air embolism, especially on site, can be very difficult. Victims who appear to have only superficial secondary injuries (by missile fragments) should not be discharged without a careful examination since overt air embolism can occur later. To prevent or reduce air embolism, mechanical ventilation should be avoided. (Hong Kong j.emerg.med. 2002;9:46-51)

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