suddenly lost consciousness. She fell to the ground after becoming rigid. There was some shaking of the limbs, and she was unresponsive to commands for about five minutes. Her father at first thought that she had been electrocuted, and she was rushed to the local hospital. She was examined by her doctor and by then was responsive to commands but appeared confused. Subsequent examination of the Dark Warrior game showed it to be normal, there being no faulty circuitry to suggest that electric shock had occurred. Epilepsy was diagnosed and she was referred for neurological opinion.

After the fit she played other video games daily but specifically avoided the Dark Warrior and had no further attacks. There was no relevant medical or family history. Physical examination, including that of the wrists, was normal. Haematological and biochemical profiles were within the normal range. A specific diagnosis of Dark Warrior epilepsy was based largely on the history. An electroencephalogram showed a pattern considered to be typical of photoconvulsive epilepsy, and she was most sensitive to light flashing at frequencies between 15 and 21 Hz. She was advised to avoid bright flashing lights and, of course, Dark Warrior, though it seemed unreasonable to recommend avoidance of other video games. She took no anticonvulsants or other drugs, and remained free of further fits.

Comment

The seminal case report by Rushton³ established Space Invader epilepsy as a nosological entity. In that case a 17-year-old male of Rumanian origin, with a history of a single febrile convulsion in childhood, had a grand mal seizure and symptoms suggestive of temporal lobe epilepsy when playing the Astro Fighter video game. Our case records a clearly unique and highly selective type of so-called Space Invader epilepsy; the patient was female, the fit occurred only with the Dark Warrior game, and she did not experience symptoms of temporal lobe epilepsy.

The term Space Invader epilepsy is, in fact, a misnomer, since no cases have been reported with the Space Invader video game itself. We suggest, therefore, that Astro Fighter and Dark Warrior epilepsy be classified under "electronic space war video game epilepsy" and this as a special category of photoconvulsive epilepsy. Video games other than space war games—for example, Super Bug and Munch Man—appear to be less epileptogenic. Electronic space war video game epilepsy has yet to be reported with Defender, Space Fury, Lunar Rescue, or Asteroids war games. We subsequently encountered a case in an 18-year-old recovering from a subdural empyema. Further cases and possibly a series may therefore be reported in the future.

¹ Skow J. Games that play people. *Time Magazine* 1982 Jan 18:56-62.

² McCowan TC. Space invaders wrist. *N Engl J Med* 1981;304:1368.

³ Rushton DN. Space invader epilepsy. *Lancet* 1981;ii:501.

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Accidental oropharyngeal injury

Traumatic lesions of the mouth and oropharynx are frequent but usually trivial. They include mucosal abrasions from ill-fitting dentures, sharp teeth, or cheek biting and penetrating injuries from impacted fish bones or the stiff bristles of a toothbrush.¹ We describe a severe and potentially lethal injury that followed removal of a metal bottle top with the teeth.

Case report

A 15-year-old girl was admitted as an emergency with intermittent inspiratory stridor and severe bleeding from the mouth after sustaining an injury while removing with her teeth a metal screw top from a two-pint plastic orange juice container. It was not apparent from the history whether the bottle top was lodged in the larynx, had been swallowed, or had been expelled from the mouth.

On examination she was pale, distressed, and bleeding heavily from the mouth. She had mild tachycardia (88 beats/min) but normal blood pressure (110/60 mm Hg). No foreign body was evident on immediate indirect laryngoscopy, though visibility was limited owing to large quantities of fresh and clotted blood in the mouth. Palpation of the neck showed gross surgical emphysema extending over the chest wall posteriorly. A plain lateral x-ray

Radiograph of neck showing emphysema.

film of the neck (figure) confirmed the emphysema, which was also seen in the mediastinum on a chest x-ray film. No foreign body was evident on either film.

After immediate resuscitation she underwent nasotracheal intubation and suction clearance of the upper air and food passages. Panendoscopy failed to show the bottle top (later recovered at the scene of the accident) but disclosed avulsion of the left tonsil, which was surrounded by a thin mucosal fringe and attached solely by its inferior pedicle. The internal carotid artery was clearly visible in the base of the wound but was intact. On the right side there was a similar but less severe injury, the tonsil having been avulsed at only its upper pole, and there were also minor lacerations to the dorsum of the anterior two-thirds of the tongue and the pharyngeal surface of the soft palate.

A Boyle-Davis gag was inserted and repair effected using interrupted 3/0 chromic catgut, cover for the carotid artery being provided by tonsillar tissue. At the end of the procedure a wide-bore (16 French gauge) nasogastric tube was inserted and a five-day course of antibiotics (ampicillin 500 mg intravenously six-hourly and metronidazole by suppository) started. In the first 24 hours after operation the haemoglobin concentration fell from 14.8 to 12.7 g/dl, but transfusion of blood was not considered to be necessary. She made an uneventful recovery.

Comment

The potential dangers of the explosive release of corks from carbonated alcoholic drinks has been recognised,^{2,3} but to our knowledge no report has described injuries of the mouth and oropharynx by such a mechanism. The severe nature of the injuries in this case resulted from the ill-advised opening of a bottle containing uncarbonated orange juice, which two months previously had been decanted from a larger one gallon plastic container and the bottle resealed and stored without refrigeration. As evidenced by subsequent examination, the explosive nature of the contents was due to fermentation, and we suggest that manufacturers warn consumers of the dangers that may follow prolonged storage in similar conditions.

We thank Mr J B Booth, consultant surgeon, for allowing us to report this patient.

¹ Downton D. *Scott-Brown's diseases of the ears nose and throat*. 4th ed London: Butterworths, 1979:18.

² White HM. The dangers of plastic champagne corks. *Br Med J* 1981;283:1660.

³ Archer D, Galloway N. Champagne cork injuries to the eye. *Lancet* 1967;ii:487-9.

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