Picture Reports and Short Reports

Pool players' thrombosis

Thrombosis of the axillary and subclavian veins may occur after severe or unaccustomed exercise, the so called "stress" thrombosis. We have seen two cases of axillary vein thrombosis that occurred after playing pool. A 22 year old clerk played a prolonged game of pool and the next day developed pain and swelling of the right arm. Phlebography showed thrombosis of the axillary and subclavian veins. A 17 year old student presented with pain and swelling of his right arm. He had played pool the evening before the onset of symptoms. Occlusion of the right axillary vein was confirmed on phlebography with digital subtraction (figure above).

Spontaneous thrombosis of the arm veins does occur without an apparent underlying cause, but in most cases it is probably related to effort—and when closely questioned many patients will remember some strenuous or unaccustomed activity that preceded the thrombosis. When playing pool the right shoulder is extended and internally rotated (figure below), which will stretch and possibly compress the subclavian vein against the first rib. This position may be exaggerated by the height of a pool table, which is generally lower than a snooker table. We conclude that playing pool is a cause of stress induced thrombosis.—D G HUGHES, P M DIXON, Department of Radiology, John Radcliffe Hospital, Oxford OX3 9DU.

Injuries around the orbit: more than meets the eye

Any injury around the orbit may be far more serious than the initial examination suggests. A 27 year old man was admitted after being hit in the face while passing wood through a planing machine. A 3 cm long flake of wood was lying in a 1 cm laceration at the left inner canthus (figure above (1)). The patient was extremely agitated, and it proved impossible to assess the acuity of each eye individually. The right pupil did not react to light, but the left pupil reacted normally, which suggested damage to the right anterior visual pathways. A radiograph showed a fracture of the medial wall of the left orbit with an area of translucency which was interpreted as being air around a foreign body (figure below). At operation the visible flake of wood was lifted out of the wound, and another 9 cm long piece of wood found lying medially in the left orbit was withdrawn (figure above (2)). Further exploration led to the discovery of a whisker like sliver of wood that was attached to a third piece of wood 7 cm long (figure above (3)). It was removed. The whisker was detected only after the wound was explored repeatedly.

The right eye was later found to have no perception of light. The corrected visual acuity of his left eye was 6/12, but there was extensive disruption of the drainage angle of the left anterior chamber. The intraocular pressure in the left eye rose to 32 mm Hg (normal <22 mm Hg) and has required treatment to this day.—A R ELKINGTON, P T KHAW, Southampton Eye Hospital, Southampton SO9 4XW.