The Falling Bullet

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A 16-year-old male was admitted to the emergency room after a falling bullet injury to the head. Some blood was noticed on the top of his head. A single-entry wound (2.8 × 1.1 cm) located on the right parietal bone was observed. He presented with headaches, mild left-sided sensory deficits, and nystagmus (Glasgow Coma Score 14/15). Both pupils were equally reactive and the fundus exam showed no papilledema. X-ray and computerized tomography images of the head revealed a metallic bullet located in the right occipital region near the midline (Fig. 1). Due to the deep location of the bullet and minimal symptoms, the bullet was not removed and the wound was closed as well as intravenous broad-spectrum prophylactic antibiotics were administered. At 3 months follow-up, the patient showed lower good recovery based on Extended Glasgow Outcome Scale. We warned the patient that, in the future, magnetic resonance imaging is contraindicated.

A falling (celebratory or stray) bullet, a projectile that has been fired into the air and is now descending back to the ground, is a dangerous phenomenon that occurs when people shoot guns into the air during festive occasions such as holidays, weddings, or political rallies.1–3 Efforts to combat the problem include public awareness campaigns, stricter gun laws, and initiatives to encourage people to use alternative methods of celebration that do not involve firearms.1–3

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Fig. 1 Lateral skull radiograph (A) and axial noncontrast computerized tomography (B) scans show a metallic bullet settled in the occipital region near the midline. Axial bone window computerized tomography (C) scan reveals entrance hole.

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Conflict of Interest
None declared.

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References