throughout the event in rave parties, following advice from drug misuse agencies, and the release of antidiuretic hormone by MDMA. Urgent estimation of serum sodium is therefore indicated in this situation.

There is no available antidote for the management of this condition. Supportive treatment starting in the A&E department and continuing in an intensive care unit is essential. We think that dantrolene should be used early, in addition to cooling measures, if the temperature is greater than 39°C or rapidly rising. As the number of such patients is increasing, we suggest that departments should have an appropriate protocol for cooling these patients, including administration of dantrolene sodium.

Seat belt injuries and sigmoid colon trauma

E M Eltahir, D Hamilton

Abstract

Colonic seat belt injuries are rare but carry higher mortality rates than small bowel injuries. The case of a 44 year old man is described who had severe sigmoid colon compression injury from his seat belt a few days after a road traffic accident.

(\textit{J Accid Emerg Med} 1997;14:338--339)

Keywords: seat belt; sigmoid compression

Case report

A 44 year old male driver with no significant past medical history presented to the accident and emergency department two days after a road traffic accident with increasing abdominal pain and constipation.

He was febrile, dehydrated, and abdominal examination showed severe peritonitis. There was a faint resolving bruise over the lateral margin of the left iliac fossa. Digital rectal examination was normal.

He was the driver in a road traffic accident when he skidded and hit a lamp post. The front passenger died of severe head injury and two of the three back seat passengers sustained variable physical injuries. He was treated in another city hospital for minor facial wounds.
Saturday night blue—a case of near fatal poisoning from the abuse of amyl nitrite

Tom Stambach, Kevin Haire, Neil Soni, Jeremy Booth

Abstract
A case of severe methaemoglobinaemia caused by the abuse of volatile nitrites is reported. The agents are commonly abused, but this complication is rare. The clinical presentation can make diagnosis difficult; however, the subsequent treatment needs to be rapid to avoid serious morbidity or mortality. This report presents the clinical picture and the background information leading to the detection and treatment of this unusual problem.

(J Accid Emerg Med 1997;14:339-340)

Keywords: methaemoglobinaemia; volatile nitrites; diagnosis; treatment.

The use of volatile nitrites as drugs of abuse is commonplace. We present here an uncommon but potentially fatal complication of their use. Rapid diagnosis and treatment in this case resulted in a full recovery and we have highlighted the important features of this uncommon toxicological problem.

Case report
An unknown white woman in her early twenties was found collapsed outside a police station. She was initially thought to be dead, as she was blue, there was no obvious breathing, and no pulse was palpable. An ambulance was called and on their arrival the crew detected a pulse, some respiration was evident, and she was treated with 100% oxygen and a total of 1.6 mg naloxone. She remained blue, her respiration was unchanged, and a pulse oximeter read 83%.

On arrival in accident and emergency (A&E) she was profoundly cyanosed with rapid irregular respiration, pulse 130/min, blood pressure 80/30 mm Hg, and marked peripheral vasoconstriction. Her pupils were dilated but weakly reactive, Glasgow coma score 5. She was actively resuscitated with a rapid infusion of colloid and was intubated and ventilated with 100% oxygen. Arterial blood gases...
Seat belt injuries and sigmoid colon trauma.

E M Eltahir and D Hamilton

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