

## Shot In The Back, Bullet In My Spine

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### INTRODUCTION:

We present a case of a man who was shot from behind during a hunting trip. Such cases are rare in our setting.

### CASE REPORT:

46 year-old, male, accidentally shot from behind by his friend from a distance of around 15 meters with a shotgun during hunting. He sustained injuries to his neck, thorax, abdomen and back region. He had complete loss of power and sensory of lower limbs. Noted multiple entry points over his back. His lower limbs' power was zero with complete loss of sensation.. Computer Tomography showed impacted bullet within T12/L1 disc space with L1 end plate and transverse process fracture. There were multiple fragments seen within the spinal canal. He underwent posterior instrumentation of T11 to L3 and removal of bullet and fusion using a transforaminal lumbar interbody fusion (TLIF) approach. Intraoperative findings noted L1 superior endplate and pars fracture. Postoperatively, patient was able to mobilize with a wheelchair with ongoing rehabilitation.

### DISCUSSION:

Gunshot spinal injuries are uncommon in our local setting despite contributing 13 to 17 percent of spinal injuries globally (4). This patient had acute post-traumatic neurology, justifying the need for decompression and bullet removal (1). In addition, decompression done at T12 level and below may improve motor function (2). The TLIF approach was used to minimize retraction of the spinal cord. Shavers of different sizes were used gradually on the contralateral side to loosen the impacted bullet prior to removal. The remaining extra-spinal bullets weren't removed as retained bullets do not increase the likelihood of septic complications (3).

### CONCLUSION:

Spine injuries from gunshots need special consideration as its management differs from one case to another. More emphasis should be given to formulate an ideal management for spinal injuries from gunshots.

### REFERENCES:

1. Gunshot wounds to the spine. Bono C.M. et al
2. Concept of Gunshot Wound Spine. Jaiswal M. et al
3. Gunshot wounds of the spine: should retained bullets be removed to prevent infection? Velmahos G. et al
4. Changing nature of admissions to a spinal cord injury center. Farmer JC et al

