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A novel nose piercing

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DESCRIPTION

Nail gun injuries have been reported since their introduction in 1959.¹ Injuries are usually accidental and most commonly involve the extremities.² One study found that 69% of accidents occur due to inappropriate triggering, though overpenetration and ricochet are also common.³ A 37-year-old construction worker attended the emergency department having accidentally fired a 38 mm×1.22 mm nail into his nose. He had been securing sheets of medium density fibreboard (MDF) with the nail gun pointing towards his face. The gun slipped from behind the MDF and triggered. The nail passed directly into his nose (figure 1). On examination, the nail was seen to pierce the skin superior and medial to the left vanterior nares and pass into the nasal vestibule, and subsequently the nasal cavity. The patient reported minimal pain and there was no neurovascular deficit. Lateral and anteroposterior radiographs were obtained to confirm the position of the nail, and whether it had deformed (figure 2). The nail was then removed in the emergency department with minimal resistance using a pair of forceps. The small wound was dressed and a tetanus vaccine was administered as the patient was not up-to-date with his boosters. The patient was allowed to return home with a course of flucloxacillin. The nail did not appear to hit any important structures or bend within the patients face. Apart from a small skin and mucosal piercing it followed a benign course within the nasal cavity similar

to that of a nasal endoscope. Follow-up was therefore by the patient's general practitioner.

Competing interests None.

Patient consent Obtained.

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Figure 1 Photograph of patients face with nail insitu prior to removal.

Figure 2 Lateral radiograph showing the embedded nail's position within the head.

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