Severe neck lacerations during cable skiing in a child

Lacérations sévères du cou chez un enfant lors de la pratique de téléski nautique

A healthy 14-year-old boy suffered from several severe lacerations of the neck and avoided strangulation when practicing, for the first time, cable skiing in France. During summer 2015, he went for the first time to practice wakeboarding in a “cable park”. While wakeboarding, he fell in the water. The wakeboarder, who was following him, fell as well while performing jumps and lost grip of the cable. The taut cable rope came to hit and turn around the neck of the child. Fortunately, he could rapidly free himself from the cable before any strangulation occurred. He was referred to the local emergency department. He was in good condition but disclosed deep lacerations (figure 1). Local wound dressing with sulfadiazine cream was applied daily and the healing was unremarkable. Only a discrete hyperpigmentation around the neck remains (figure 2).

Discussion

Wakeboarding is a surface water sport consisting of hydroplaning on a wakeboard behind a motorboat while being tethered to a tow cable [1,2]. Briefly, the riders have their foot attached permanently to the wakeboard and perform various tricks, spin or flip over the wake of the boat, on ramps or on railings [1]. The overall incidence of wakeboarding injuries was estimated to 1.3 per 100,000 in 2007 [2] and has been rising yearly since 2000 [2]. Adolescents and young adults are mainly at risk [2].

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injuries with the use of protective garments (helmets, collars) and participants’ education. Besides, cableways’ organizers and owners should avoid overcrowding. With the speed, any taut cable can become potentially lethal.

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References


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"Honeycomb" sign
Image en « rayon de miel »

A 35 year old woman was referred with a right peripheral facial nerve paresis, which progressed to complete paralysis over a few years. There were no complaints of associated hearing loss, headache, dizziness or otalgia. CT imaging revealed a broadening of the dimple geniculate ganglion, bone erosion realizing honeycomb appearance. We also note the presence of micro-calcifications of low density (figures 1 and 2).