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Figure 1. Radiography of left and right calcanei in the left and right panels, respectively, showing the soft Achilles tendons bilaterally.



Figure 2. Preoperative view (prone) of both heels, demonstrating skin and soft tissue pressure damage (white areas) 3 hours after arrival. Note the near perforation of the skin (dark spot) on the right heel.

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An intoxicated 28-year-old man was transported to the emergency department after jumping off a second-story balcony. He complained of bilateral heel pain but denied other injuries. His pulse rate was 110 beats/min but his other vital signs were normal. Laboratory testing results were noteworthy only for an elevated alcohol level. His physical examination result was remarkable for a variety of minor abrasions, tender swollen heels with soft Achilles' tendons, and tautness of the right posterior heel skin. Computed tomography, performed because of mechanism and intoxication, showed no evidence of head, spine, chest, or abdominal injuries. Radiography of the feet demonstrated injuries to both calcanei (Figure 1).

For the diagnosis and teaching points, see page 544.

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live with those things. The surgeons begin dutifully repairing his chest, thick black suture bringing the muscle layers together, reassembling his humanity, so his family can see him one last time. Skin and fascia zip closed over his still-fibrillating heart. I need to not be in here anymore.

I pull my resuscitation gown off and add it to the growing mountain of blood-stained equipment building in the biohazard bin. My shoes are trailing blood. I sit for a minute to clean them, the acrid smell of the bleach wipes cutting through the jumble in my mind. The air outside the bay feels cold and cruel; my scrubs are soaked through with sweat. Overhead calls buzz dully in the background. *New patient, P43, EMS arriving P25, nurse or ANA to G16 for bathroom assistance.* The world continued turning as this child took his last breath, oblivious. I feel numb.

He was just going to school.

One of my colleagues sits down beside me, cleaning dried blood off his trauma shears.

“You okay?”

I don't know. “Yup.”

He sighs. “That one's gonna take a second to get over, huh?”

I don't know the answer to that. A glance of understanding passes between us, a silent acknowledgement of the small piece of ourselves we left behind in that bay. I mechanically click my trauma shears into and out of the halter on my scrubs. *How do I live with these resuscitations?*

We let the silence linger. Then, having wiped the remnants of the resuscitation off our equipment, we stand up and go into the next patient rooms. And I wonder when I will find that second.

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IMAGES IN EMERGENCY MEDICINE

(continued from p. 542)

DIAGNOSIS:

Bilateral tongue-type calcaneal fracture. The patient received splints and was referred to the orthopedic service. Within 3 hours of arrival (Figure 2), he underwent open reduction and internal fixation, and he was discharged uneventfully the next day.

Although most calcaneal fractures are managed conservatively or with delayed repair, it is critical that emergency physicians recognize this uncommon fracture pattern. Splinting in plantarflexion and urgent surgical repair is mandatory because the avulsed tuberosity fragment places significant pressure on the skin and soft tissue of the heel; this can rapidly lead to tissue necrosis, with complications including amputation.^{1,2}

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