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Neuro*Images*

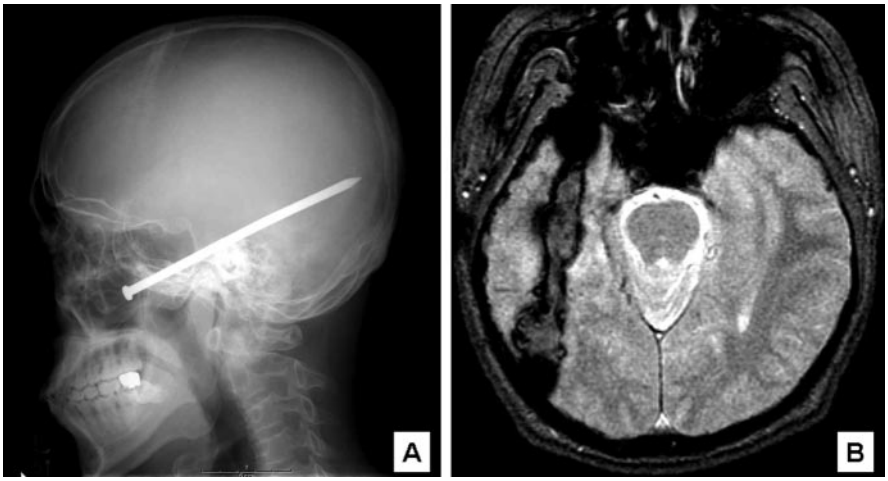

Figure. (A) Preoperative lateral plain skull x-ray shows the nail. (B) Postoperative angulated axial gradient-echo MRI reveals hemorrhagic tract.

Missing nail for 22 years

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Note: The opinions or assertions contained herein are the private views of the author (G.Y.C.) and are not to be construed as representing the views of the Department of Defense, or the Department of the Army.

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A 31-year-old man had a 2-year history of stereotyped seizures characterized by a sudden falling sensation followed by motionless stare or with a sudden loss of consciousness without an aura, occurring once weekly. When he was 9, he misfired a homemade wooden nail gun. Upon regaining consciousness minutes later, his right cheek was sore and swollen and there was a trace of blood. He and his older brother were perplexed because they could not find the nail.

He denied any neurologic symptoms and examination disclosed no focal abnormality. An EEG revealed right temporal slowing. Without a proper screening, a brain MRI was attempted and was quickly terminated due to onset of a severe headache. A skull film revealed the cause (figure). After removal of the nail via the maxillary sinus, he had a flurry of seizures. Seizure frequency improved to one seizure every 3 months on Tegretol.

Missing nail for 22 years

Dae Won Seo and Gregory Youngnam Chang

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