

# The Falling Bullet

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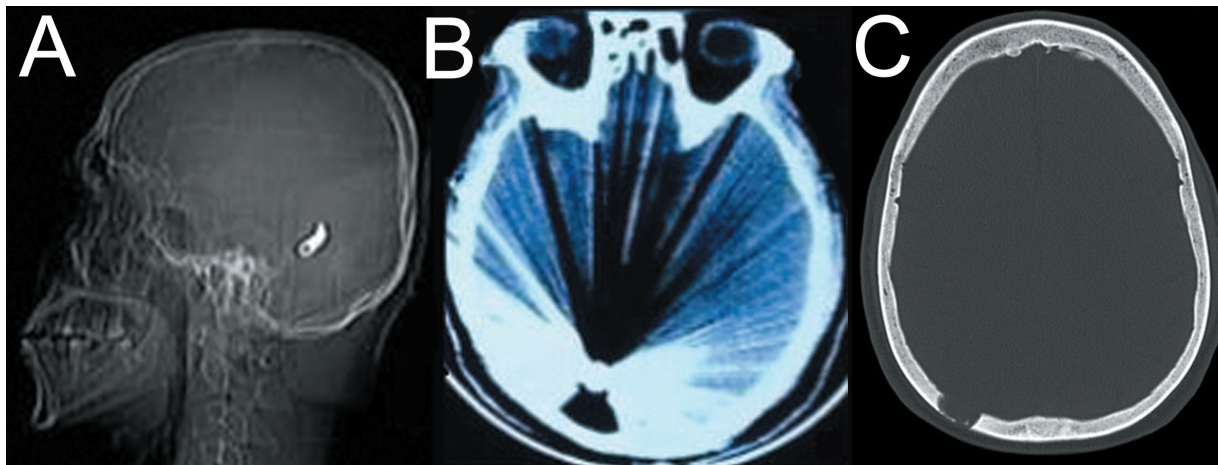
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A 16-year-old male was admitted to the emergency room after a falling bullet injury to the head. Some blood was noticed on the top of his head. A single-entry wound (2.8 × 1.1 cm) located on the right parietal bone was observed. He presented with headaches, mild left-sided sensory deficits, and nystagmus (Glasgow Coma Score 14/15). Both pupils were equally reactive and the fundus exam showed no papilledema. X-ray and computerized tomography images of the head revealed a metallic bullet located in the right occipital region near the midline (►**Fig. 1**). Due to the deep location of the bullet and minimal symptoms, the bullet was not removed and the wound was closed as well as intravenous broad-spectrum prophylactic antibiotics were administered. At 3 months follow-up, the patient showed lower good recovery based

on Extended Glasgow Outcome Scale. We warned the patient that, in the future, magnetic resonance imaging is contraindicated.

A falling (celebratory or stray) bullet, a projectile that has been fired into the air and is now descending back to the ground, is a dangerous phenomenon that occurs when people shoot guns into the air during festive occasions such as holidays, weddings, or political rallies.<sup>1–3</sup> Efforts to combat the problem include public awareness campaigns, stricter gun laws, and initiatives to encourage people to use alternative methods of celebration that do not involve firearms.<sup>1–3</sup>

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**Fig. 1** Lateral skull radiograph (A) and axial noncontrast computerized tomography (B) scans show a metallic bullet settled in the occipital region near the midline. Axial bone window computerized tomography (C) scan reveals entrance hole.

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**Conflict of Interest**

None declared.

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