

# CASE REPORT

## A Miracle Survival after Falling from Height: A Case Report

Mohammad Aghebaty<sup>1</sup>, Zahra Ghahramani<sup>2</sup>✉

<sup>1</sup>Department of General Surgery, Shiraz University of Medical Sciences, Shiraz, Iran

<sup>2</sup>Trauma Research Center, Shahid Rajaei (Emtiaz) Trauma Hospital, Shiraz University of Medical Sciences, Shiraz, Iran

Received: May 8, 2017 Revised: June 25, 2017 Accepted: July 2, 2017

### Abstract

Falling from height is an urban phenomenon and shows an important form of blunt trauma. We report an 18-year-old man who fell from 6 m height onto vertical steel rods in an under construction building. He went under surgery to remove two foreign bodies and was discharged on the 2<sup>nd</sup> day after surgery in good conditions. The objective of this report is to provide a definitive baseline to improve the incidence rate of fall from height. It is better to consult with key stakeholders in the workplace to gain a view on the key issues relating to fall from height. Similarly, it is good to use the available measurements in order to control and prevent those at risk.

**Key Words:** Survive; Accidental Falls; Injury

### Introduction

Falling is the most significant cause of morbidity and mortality. Falls account for the primary cause of injury in admission at most trauma centers, especially when the victims are children. Factors that are associated with falls and influential on the seriousness of injury include orientation on falling and the landing surface. Factors which contribute to falls from heights include both human factors such as intoxication and inattention and faulty equipment such as ladders and scaffold structures. The most common type of accident in occupational settings is fall from height (1). Falling from a height of 20 feet or above have been triaged to trauma centers, yet low-level falls may also cause serious head injuries (2,3).

### Cases

A worker aged 18 was pushed at night by another person to fall from 6 meter height onto steel rods in a building under construction. On arrival to the trauma center, vital signs were stable,

and he was fully alert. The heart, lungs, and the neurologic system were normal. Emergency procedures were performed, and the patient was sent for required radiographies. In the operating room, two foreign bodies were removed under general anesthesia (Figure 1). The wounds were washed, dressed, and treated with antibiotics. The patient was discharged on the 2<sup>nd</sup> day after surgery. Postoperative facial nerve neurologic examination was performed at the site of injury after operation, and there was a great degree of numbness which was checked in follow-ups. On physical examination, there was no problem around the wounds of the temporal and the abdominal wall and underarm area. Sutures were removed from the face region on the 7<sup>th</sup> day and from the abdominal wall and underarm area on the 12<sup>th</sup> day after surgery.

©2016 Journal of Surgery and Trauma

Tel: +985632381203

Fax: +985632440488

Po Bax 97175-379

Email: jsurgery@bums.ac.ir



✉Correspondence to:

Zahra Ghahramani, Trauma Research Center, Shahid Rajaei (Emtiaz) Trauma Hospital, Shiraz University of Medical Sciences, Shiraz, Iran;

Telephone Number: +98-71-36360697

Email Address: ghahreman2@yahoo.co.nz



Figure 1: CT scan of two foreign bodies in facial and abdominal wall and underarm area

## Discussion

Working at height is characteristic of many industrial occupations but safety measures must be put in place to prevent the risk of accidents. If these fail, serious injuries or death may be expected. There are certain jobs which involve working above ground level including painting, decorating, and construction work.

In very high falls, bodies can reach terminal velocity. The speed of fall overrides significantly the air resistance leading to the acceleration due to gravity. Therefore, at the terminal velocity, one may fall as far and as fast as one desires (4). While even short falls can be life-threatening, people have survived horrific falls. In 1972, Vesna Vulovic, a cabin attendant, survived a 10,160 m fall (4). A fall can cause very serious injuries, including spinal cord injury, fractures, concussions and brain damage (5). Analysis has shown that the risk of injury from a fall increases significantly for falls from two meters or more (6).

Study of Tuma *et al.* (7) showed that falling from height at a construction site is a common cause of trauma that states a significant financial burden on the health care system. Prevention of injury is warranted with the enforcement of occupational laws. Most of the deaths are falls at home and not in the workplace (8). Studies have shown that construction sites are dangerous for workers and lead to increased number of occupational fatalities (9). Study of Lapostolle *et al.*

(10) showed that the criteria such as patient age, height of fall, impact surface nature, and body part first touching the ground could be the prognostic factors in victims of falls from height.

There is a high risk of injury due to the fact that construction sites involve working at a certain height, meaning that health and safety guidelines must be implemented. Even a fall from a low level can cause an injury and in some cases this can have long-term effects. A fall may result in time off work which ranges from a few days off to several months.

For an effective prevention of injuries and fatalities from fall, workplace-related risk factors need to be determined. However, there is limited evidence of any injury prevention program that can be effective in reducing work-related injuries (11). Supervision of occupation related to fall injuries should continue to improve safety in the workplace.

## Conclusions

Most cases of death are due to falls from height and occur in adult males in the age of 21-50 years. Majority of falls are accidental from terrace or balcony. The potential risk controls includes:

- There is a need to take action to raise workers' awareness of a situation and improve their perception of risks.
- Achieving compliance on site even when safe methods of working are provided.

- Using safety equipment. The key issue for choosing the equipment is ensuring that companies are aware of equipment and that they select the right equipment for the job.
- Encouraging the workers to use the more relevant procedures.
- Improving supervision to modify compliance and safety culture.
- Using better design to reduce risks and eliminate hazards
- Encourage client ownership to have a health and safe job

Therefore, training is felt to be a cross-cutting issue which can support the control measures of potential risks.

**Conflict of Interest:** None declared.

## References

1. Jeong BY. Occupational deaths and injuries in the construction industry. *Appl Ergon* . 1998 Oct 1;29(5):355-60.
2. Murray JA, Chen D, Velmahos GC, Alo K. Pediatric falls: is height a predictor of injury and outcome?. *Am Surg*. 2000 Sep 1;66(9):863.
3. Kennedy RL, Grant PT, Blackwell D. Low-impact falls: demands on a system of trauma management, prediction of outcome, and influence of comorbidities. *J Trauma Acute Care Surg*. 2001 Oct 1;51(4):717-24.
4. Sample I. How big a fall can a person survive. *The Manchester Guardian*. 2004.
5. In: Work Safe Victoria. What Injuries Can Falls Cause? Available from: <http://www.worksafe.vic.gov.au/safety-and-prevention/health-and-safety-topics/falls-prevention/about-the-problem/what-injuries-can-falls-cause>.
6. In: HSC: Health and Safety Commission. Statistics of workplace fatalities and injuries: falls from a height. National Statistics. Available from: <http://comm.irsst.qc.ca/blogs/statistiques/archiv e/2009/10/29/2041.aspx>.
7. Tuma MA, Acerra JR, El-Menyar A, Al-Thani H, Al-Hassani A, Recicar JF, Al Yazeedi W, Maull KI. Epidemiology of workplace-related fall from height and cost of trauma care in Qatar. *Int J Crit Illn Inj Sci*. 2013 Jan;3(1):3.
8. Kent A, Pearce A. Review of morbidity and mortality associated with falls from heights among patients presenting to a major trauma centre. *Emerg Med Australas* 2006 Feb 1;18(1):23-30.
9. Das S. Occupational fatalities in the construction sector: A medico-legal viewpoint. *Med Leg J*. 2015 Jun;83(2):93-7.
10. Lapostolle F, Gere C, Borron SW, Pétrovic T, Dallemagne F, Beruben A, Lapandry C, Adnet F. Prognostic factors in victims of falls from height. *Crit Care Med*. 2005 Jun 1;33(6):1239-42.
11. Lehtola MM, van der Molen HF, Lappalainen J, Hoonakker PL, Hsiao H, Haslam RA, Hale AR, Verbeek JH. The effectiveness of interventions for preventing injuries in the construction industry: a systematic review. *Am J Prev Med*. 2008 Jul 31;35(1):77-85.