

# THE PERILS OF BODYBOARDING

In Australia, as here, bodyboarding is very popular, along with surfing. Apart from the risk of shark attack and jellyfish stings, it is probably regarded as a relatively safe sport. However, a report from Australia shows that there can be dangers associated with this fun pastime.

Kelvin Choo, John Hansen and Deborah Bailey reported the case of 3 adolescents who sustained major blunt abdominal injuries while bodyboarding in Queensland.

The first case was that of a 14-year-old boy who was 'dumped' by a wave onto a sandbank. His board was driven into his upper abdomen. Over the next few hours his abdominal pain became worse and 6 hours after injury he was pale and in pain. On presentation at hospital, his pulse was 120/minute and his blood pressure 110/60 mmHg. His left upper abdomen was markedly tender with guarding. A CT scan of the abdomen showed a full-thickness laceration of the spleen, extending to the hilum. He was managed conservatively and made a full recovery within 3 months.

The second case concerned a 12-year-old boy who presented with abdominal pain 16 hours after being hit from behind by a large wave while attempting to ride it to shore. The nose of his board caught in the sand on the sea floor, driving a corner into his upper abdomen. On presentation he was pale, with a pulse of 130/minute and blood pressure of 100/60 mmHg. He had tenderness and guarding in the right upper abdominal quadrant. A CT scan showed a large laceration of the right lobe of the liver, with free intraperitoneal fluid. He was again managed conservatively, and the injury had resolved within 4 months.

The third patient was a 15-year-old girl who fell off her bodyboard and immediately experienced abdominal pain, which became increasingly severe. The board apparently hit her abdomen during the fall. Within 2 hours of the fall, she had severe abdominal pain, right shoulder tip pain and was light-headed when standing. On examination, her pulse was 130/minute and blood pressure 90/50 mmHg. She had signs of generalised peritonitis and there were no bowel sounds. An ultrasound of the abdomen showed a large amount of free fluid in the peritoneal cavity, without any definite injury to the liver, spleen or kidneys. A laparotomy showed 500 ml of fresh blood in the peritoneal cavity as a result of a superficial liver laceration. No other

significant injuries were seen and she made a good recovery, and was discharged 4 days later.

According to the authors, there are very few reports of injuries associated with bodyboarding. A literature review revealed only one report of facial injuries, although there are anecdotal reports of injuries, including spinal, on Internet forums. The authors explain the nature of bodyboarding injuries by discussing the way the person lies on the board. The upper part of the body is on the board, parallel to the sea floor. The base of the board is placed against the ventral trunk. If the rider is thrown off balance, and the nose of the board caught on the sea floor or a sandbank, the base of the board can be driven into the upper abdomen with considerable force. Along with this, the two corners are capable of inflicting significant blunt injuries. The fact that bodyboarders lie flat means that they are less able to protect themselves if they are thrown onto a sandbank or the sea floor. Those practising in areas where bodyboarding is popular need to be aware of the potential for abdominal injuries when the boarder is thrown off the board by heavy waves.

Choo KL, *et al.* *Med J Aust* 2002; **176**: 326-327.

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