

Olivier Syndrome: Traumatic Asphyxia

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A 51 year-old woman was found confused while crawling across a field. She had marked facial cyanosis and edema with cutaneous petechiae, subconjunctival hemorrhages, and ecchymosis across her anterior neck (image 1). Mild cerebral edema and a non-displaced thyroid cartilage fracture were found on computed tomography (CT). The patient recovered full neuro-cognitive function within 24 hours and reported that she had been assaulted and choked by the throat. Her airway remained stable and the laryngeal injury was treated conservatively; she was discharged home after three days.

Olivier described this syndrome over 150 years ago after thoraco-abdominal crush injuries. It is essentially a prolonged valsalva maneuver that results in increased venous pressure and stasis above the level of the compressive force.^{1,2} The consequent findings on the chest, neck and face are startling but of no prognostic significance, and the majority of patients have a favorable outcome.^{2,3}

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Figure. Patient with facial cyanosis and edema with cutaneous petechiae, subconjunctival hemorrhages, and ecchymosis across the anterior neck.

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