open Gustillo-Anderson type III tibial fractures with concomitant multiplanar external fixator application. All fifteen patients in our series reliably went on to union at an average of 6 months. Complications were acceptable compared to complexity of the injuries but infection occurred in one-quarter of cases and required formal debridement in all cases.

Black Tar Heroin Skin Popping as a Cause of Botulism
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Introduction/Background
Botulism is a rare potentially fatal and treatable disorder caused by a bacterial-produced toxin that affects the presynaptic synaptic membrane resulting in a characteristic neuromuscular dysfunction. It is caused by either the ingestion of the toxin or the bacteria, inhalation, or wound infection. We present our observations with a descriptive case series of botulism secondary to black tar heroin skin popping.

Methodology
We report 15 consecutive cases of botulism presenting to University Medical Center of El Paso. Medical records where reviewed to obtain demographic information, clinical presentation, treatment and outcome.

Results
We identified fifteen patients with mean age of 47 years, twelve men. All had administered black tar heroin through skin popping and had abscesses in the administration areas. By history the most common symptoms were dysphagia 60%, weakness 60%, dysarthria 53%, double vision 40%, blurred vision 33%, and dry mouth 20%. On exam the most common features were: Limb weakness 73%, ophthalmoplegia 53%, ptosis 46%. Interestingly enough, in those patients with the documentation the pupils were reactive in 46%. All patients required mechanical ventilation and all were treated with the trivalent antitoxin. Thirteen patients were discharged home and 2 were transferred to a skill nursing facility.

Summary/Discussion
In our patients, black tar heroin skin popping, the action of injecting under the skin acetylated morphine derivatives (mostly 6-monoaceylmorphine and 3-monoaceylmorphine) was associated with the development of botulism. Its presence in the US-Mexican border is not surprising since is frequently produced in Latin America. Its association with the development of botulism should be recognized early to allow a prompt diagnosis and treatment with the antitoxin. A clinical feature worth noting is the presence of normal pupillary light reflex in nearly half of patients thus a normal pupillary response should not be used as a finding to exclude botulism.

A Retrospective Analysis of Injuries in the Franklin Mountains
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This paper analyzes the incidence and prevalence of injuries sustained by hikers, mountain bikers, and rock climbers who visited the Franklin Mountains State Park between April 01, 2010 and April 01, 2016. The author’s intent was to find statistically significant factors that increase or decrease the risk of injury to visitors to the state park. A retrospective analysis was done on data collected through an open record request, and statistically analyzed using IBM SPSS v.22. Of the 64 cases that met our inclusion criteria, 25% occurred in the month of May. The most common time of injury was 2-3:00PM. Nearly half of the cases occurred at temperatures greater than 90°F. Dehydration or heat related illness was the most frequently reported symptoms in these cases, presenting in 48% of cases. Among the 27 patients presenting with traumatic injury, roughly 50% presented with lower limb orthopedic injuries. A positive correlation was found between temperature at time of injury and dehydration/heat-related symptoms. A negative correlation was found between temperature at time of injury and falling as a cause of injury. These findings implicate that the major risk factor in the Franklin Mountains state park is heat and sun exposure. In later spring and early summer months, hikers should either avoid hiking in the middle of the day, or take extra precautions to avoid injury.