

CASE REPORT: AN IMPRUDENT LOVE BITE

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INTRODUCTION:

Human bite is not common especially when it has to end up with amputation. We report a case of an elderly woman who has to end up with an amputation following a human bite.

REPORT:

84 years old lady was allegedly bitten by her grandson at home. She sustained a deep laceration wound over her left wrist and near total amputation over her little finger. Prior to that, she had an argument with her autistic 16 years old grandson who had previous history of biting people when agitated. She received tetanus prophylaxis and intravenous Cefuroxime.

Examination shows a near total amputation of the left little finger at the level of middle phalanx, consistent with plain radiograph. There is also a deep laceration wound resembling a bite mark over the dorsal aspect of the left wrist.

The patient had wound debridement and refashioning of the left little finger at the level of proximal interphalangeal joint on the same day. The wound over the dorsal wrist also debrided.

She was discharged well with oral antibiotic and wound care with no complications.



Figure 1:
Preoperative
wound over the
dorsum hand
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CONCLUSION:

Human bite should be managed carefully especially when it involves a deep wound. Early antibiotics administration, proper debridement, wound care and follow up should be practice to avoid further complications especially infection as oral cavity harbours more than 300 different bacterial species.^{1,2} The commonest bacteria cultured from human bite wounds are *Streptococcus sp*, *Staphylococcal epidermis* and penicillinase producing *Staphylococcus aureus*. and *Bacteroides sp*.³

REFERENCES:

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