

Ouch! A Wood Pierced Into My Finger

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INTRODUCTION:

Impalement injuries can be defined as a trauma caused by foreign bodies penetrating the body cavities and remain embedded in the body region. It can be classified into Type 1 or Type 2. Here we report a patient with impalement injury of the finger who was successfully managed.

REPORT:

A case of 13-years-old boy who was alleged pierced by a piece of wood over index finger when he misstepped and fell down at the beach and sustained penetrating injury of index finger.

Patient was brought to casualty with wood still in situ. Examination revealed a wood pierced out over right index finger at level of proximal phalanx, and no neurological deficit (**Figure 1**). X-ray showed foreign body with no fracture seen (**Figure 2**).

Tetanus prophylaxis was given. A proper surgical debridement and wound exploration was done. Intraoperatively, a 6cm piece of wood was removed completely with no residual foreign body. No any structural cut, tendon and nerve were intact. Primary closure was done. Patient completed Intravenous Cefuroxime and Metronidazole for a week and discharged well. On one month post operation follow up, patient regained good hand function and wound was well healed.

CONCLUSION:

Management of impalement injuries includes pre-hospital care, transportation and surgical management. The impaling object should be left intact and reduced to a size that allow easier transportation to hospital. Controlling the hemorrhage, minimal manipulation and immobilization by splinting are vital steps before transferring. Impaled object should be removed earlier to reduce risk of infection. Intraoperatively, as much as possible minimal manipulation of the impaled object causes

minimal tissue damage then leaves all neurovascular structures intact. These are the primary management of impalement injury.



Figure 1



Figure 2

REFERENCES:

1. Singh, S. B. et al (2021). The unusual impalement injuries of the hand. Current health sciences journal, 47(1), 123-125.
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