

A Tale Of Unfortunate Event At The Sea

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INTRODUCTION:

A forequarter (interscaulothoracic) amputation is a thorough ablative surgical procedure that removes the whole upper limb and shoulder girdle¹. It was used initially to treat traumatic injuries however recently was often used for malignant tumours of the upper limb².

This procedure was often carried out in situations that limb- salvaging operation is impossible due to dire injury to the arm or to treat primary bone or soft tissue tumours of upper limb².

This case reports a rare cast of forequarter amputation after a traumatic event.

CASE PRESENTATION

A 42 year old illegal foreign national, who was working on a fishing vessel, had his right arm strangulated by rope while operating on pulley machine. He was send to nearest hospital on land and subsequently send to a tertiary hospital. It was already 15 hours post trauma when patient arrived to the emergency department (ED) of HSGB.

On initial assessment by orthopaedic team in the ED, brachial, radial and ulna pulses was not palpable with no doppler signal. Distal circulation was compromise with capillary refill time of more than 2 seconds. He was diagnosed with open fracture dislocation of right shoulder joint and vascular injury of right upper limb with MESS score of 11, lateral chest wall jagged wound with exposed rib cage.

Vascular input was for amputation as right upper limb was not salvagable and not for any procedure to subclavian vessels. A forequarter amputation was performed and wound inspection was clean. He was further refer to plastic team for closure of his amputation wound. Patient made full recovery and decide to return to his home country thereafter.



Figure1: Preoperation wound pictures and xrays.



Figure2: Post operation wound inspection and check xray.

CONCLUSION:

A joint decision between orthopaedic, vascular, trauma and plastic surgeons whether mangled extremity is salvagable should be the gold standard than solely based on MESS score³. This will result in best outcome for the patient and the mangled extremity.

REFERENCES:

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