



Broom Stick Injury Left Forearm: Unforgettable Saga

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Abstract

We report here in a case of foreign body in left forearm in which symptoms appeared 2 months after the apparent trauma, which had been forgotten. Surgery yielded a wooden foreign body in the forearm.

Introduction

Low radiopaque foreign bodies such as woods, thorns and fish pins which are among the common accident site flora are rarely detected on plain radiography. These persisting and undetected foreign bodies may remain asymptomatic or else can present with inflammation, pain, allergies, or hand deformities. The detection of wooden foreign bodies with plain radiographs and CT scan has limited value because they are radiolucent. Penetrating injury by wooden broom sticks used in Indian subcontinent is not uncommon and often overlooked as they are usually considered harmless. The purpose of this report is to highlight the significance of thorough history taking and keeping a high index of clinical suspicion for a probable foreign body in the forearm.

Case Presentation

A 25-year-old woman presented with a 2 months history of pain followed by swelling in her left forearm occurring after a trivial blunt trauma. She revealed an episode of trivial trauma while cleaning her courtyard with a wooden broomstick. She noticed certain uneasiness in brooming for the last one month which prompted her to consult a physician who suggested ultrasound to her. There was an oval swelling (5 cm × 3 cm) on the posterolateral aspect of the upper third of the left forearm. Tenderness with no scars or wounds (signs of trauma) was noted. She had a tattoo mark of her name on the affected site. Ultrasonography demonstrated a round to oval hypo echoic lesion measuring 2.3 cm by 1.5 cm along muscular compartment in medial aspect of left forearm. Another similar echogenic focus measuring 1cm is also seen proximal to it. Exploration of the left forearm with a S shaped volar incision was done based on ultrasound based marking of foreign body which revealed a 14 mm long slender wooden foreign body embedded beneath muscular planes enclosed in a walled cavity of fibrous tissue. The second foreign body was located in a higher plane in relation to level of posterior interosseous nerve and was taken out. A lot of fibrous reaction was observed in region of foreign body removal which entailed tenolysis of ulnar sided tendon complex. Wound was closed in layers. Postoperative recovery was uneventful.

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Discussion

Blind surgical procedures of foreign body removal have been replaced by real time ultrasound guided removal. Proper technique, requires a slow and meticulous examination, especially in cases of small FB less than 1cm in length, where they can be unnoticed, also in anatomical areas like hands and feet, where echogenic structures exist such as sesamoid bones that can result in false positives [1,2]. The use of computed tomogram and MRI has been advocated for detecting foreign body in the soft tissue. Detection of foreign body in the soft tissue of the extremities entails use of ultrasonography as a useful, easy and safe modality. Wooden objects are notorious for harboring organisms and producing abscesses and can be difficult to detect [3]. Aladak and Durag reported a retained foreign body granuloma in interdiscal region from wooden penetrant trauma. Foreign body injury with glass tends to migrate with growth in children. Saraf reported a case of ulnar paresthesia following fish fin injury in left forearm [4]. Foreign body inside soft tissues can result in a prolonged and avoidable morbidity to the patients; hence, detection and removal of all foreign bodies from soft tissues should be the aim [5].

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