

A Rare Case of Retained Knife in the Face – A case report

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I. Introduction

Penetrating injuries are present in 5-10% of all trauma cases. Many kinds of materials such as knife, bullet, metallic rod, pencil, fragments of glass, wooden stick etc can cause penetrating injuries¹. Foreign bodies are often encountered by plastic surgeons and may present a diagnostic challenge to the surgeon due to many factors such as the size of the object, the difficult access and a close anatomical relationship of the foreign body to vital structures. Here is a rare case of retained knife in the face.

II. Case Report

A 45 year old male, apparently normal looking came walking to our OPD with a complaint that he had fallen down in a drunken state on a knife. On examination he had what appeared to be a small lacerated wound over his right zygomatic prominence with slight edema of the lower eye lid.

On enquiring he gave a history of retained knife in the face of which, a local doctor, when trying to remove it, managed to pull out only the handle off. There was no history of any other injury or complaint and the patient had normal vision and no difficulty in breathing or chewing. There was no altered sensation in the infra orbital area and no watery discharge from the wound.

On further examination we could not see or palpate the knife either through the wound or through any natural orifice close by. X-ray showed a retained metallic foreign body of size approx. 10x1cms with sharp edges traversing through the right infra orbital area, peri-nasal area transfixing nasal bones, nasal septum, opposite side nasal bones onto the deep infra orbital area on the left side upto the mid margin of the floor of the orbit on opposite side.

Patient was evaluated and immediately taken to emergency OT and with the help of regional blocks (supra trochlear + infra orbital) and sedation, under magnification of loupes (4x) we opened the existing wound and with gentle probing, we located the edge of the sharp object. We secured the edge and gradually with gentle and constant traction, we pulled out the entire knife. There was moderate resistance encountered during the traction. Post operatively there was no active bleeding from the site. Post operative period was uneventful and the patient was discharged on the 3rd post op day.

On follow up visits (7th day, after 3 weeks, after 6 weeks) patient had no complaints and felt happy and lucky as this very sharp foreign body did not injure any significant structures

III. Discussion

Impacted knife injuries are rarely described in the world literature. Cohen and Boyes-Varley² reported 4 cases of a 37- patient series with penetrating injuries in the face. Hudson,³ in a study in South Africa, observed 4 cases during a 4-year period. Subburaman et al⁴ reported a more recent case similar with 1 of the 2 cases described in this article, in which the knife penetrated below the lower left inferior eyelid, communicated with the oral cavity and lacerated the palate.

A review of the socioeconomic aspects of 254 victims of knife and firearm injuries was made by Jett et al.⁵ The characteristics of the studied patients were as follows: black, males, aged between 15 and 35 years, drug users, and with low socioeconomic profile. The incidents had generally occurred on a Friday or a Saturday night, between 9 P.M. and 2 A.M., and were caused by fights at home. The first step with a traumatized patient is the detailed analysis of the correct functionality and symmetry of both the face and neck, followed by an accurate, objective test and proper surgical cleansing of the lacerated-contused tissues. Surgical treatment consists of removing the foreign body and reconstructing the damaged bone structures to restore the normal functionality and morphology of the involved region if required. The case here also is unique because we took utmost care in treating and operated on the case as early as possible.



Patient as he presented in the OPD



X-Ray showing the retained knife



Patient evaluated and taken to OT



After removal of the knife

IV. Conclusion

Penetrating foreign body is an uncommon but potentially threatening entity. In cases of foreign bodies, early exploration and removal reduces the chances of wound infection resulting in a favourable outcome.

References

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