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Clinical Image

Industrial High-Pressure Gun Injection Injury of Hand

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Figure 1: Injection injury of the palm; Extensive fasciotomy done. Figure 2: Debriement of necrotic tissues complete.

Abstract

A patient aged 23 years sustained accidental high-pressure injection injury of palm with automotve grease. Tamponade effect of the high-pressure injectection (HPII) resulted in compartment syndrome. The patient underwent emergency exploration, extensive faciotomy, irrigation and open tendon sheath release. Surgical intervention should be done as soon as possible.

Keywords: Injection injury; palm; compartment syndrome; fasciotomy; reconstruction

Case Presentation

A patient aged 23 years sustained accidental high-pressure injection injury of palm with automatic grease (Figure 1). Tamponade effect of the high-pressure injectection (HPII) resulted in compartment syndrome. The patient underwent emergency exploration, extensive faciotomy, irrigation and open tendon sheath release. Extensive debriment of all the ischaemic tissues was done under cover of Brachial block. Reapeted deressings facilitated plastic reconstruction. There was bone destruction of interphalangial joints due ischaemicc necrossis, mechanical impact and "septic compartment syndrome". The joints were stabilized by KWire at the time of split skin grafting (Figure 2). The patient made speedy recovery and left the hospital on the 5th day. Follow-up after 1 week revealed complete healing of the site of injury with return of functions of the finger. Even though

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in the industry high pressure guns are used, injection injuries do occur. In general high pressure injury occurs in the nondominated hand. Young male labourers are ussually the victims. Initially, the injuries are only small punctures but with passage of time they tend to incease with aggravation of pain and tenderness resulting in a "septic compartment syndrome". Only trained surgeons should venture for this type of high pressure injuries. The outcome and prognosis are variable depending upon the nature of the injected substance, associated infection and surgical skill to debribe the wound, reconstruct the injured tendons, nerves, and blood vessles. Surgical intervention should be done as soon as possible.