

Comments: A Rare Case of Tourniquet Syndrome with Constriction of the Wrist by a Cable Tie

To the Editor,

This is a letter to the editor in reference to a case report titled “*A Rare Case of Tourniquet Syndrome with Constriction of the Wrist by a Cable Tie*” that I have read in your renowned journal.¹ The report entails the intriguing incident of a 9-year-old female patient who presented with symptoms of constriction by a cable tie on the wrist, leading to soft tissue infection and osteomyelitis. It is very peculiar and interesting yet represents an important call towards parental education and public health safety among children considering such items are commonly found at home.

To start with, the authors compared this cable tie situation to the constriction syndrome by a rubber band or a strand of hair. This case was reportedly odd as constriction by a cable tie tends to be detected earlier due to its size and visibility.¹ Cables ties come in variety of colours and are easily visible. The main reason that prevented the patient from seeking help was probably due to fear of being reprimanded by her parents.¹ This is where parenting strategies play an active role in such cases. In a stressful situation, a child may try to negotiate, resist, or retreat.² In turn, this causes the child to keep secrets or problems to themselves.

Another possible barrier could be that the patient is a middle child.¹ While not necessarily all, some middle children often face a barrage of disadvantages, such as neglect, being forgotten, unfair treatment, and being forced to be independent, in comparison to their sibling counterparts.³ It could be possible that the patient decided to deal with the cable tie on her wrist alone, as being a middle child, have learned to deal with their problems independently and avoid help-seeking behaviours. This may be a form of coping mechanism.³

Healthcare professionals could solve such dilemma through parental education by encouraging frequent and open communications and develop safe spaces for their children, allowing them to express themselves.² Other solutions include efforts towards public safety for the children beyond clinical settings. For example, school staff, public-health professionals, and community organisations could deliver school-based safety sessions or workshops. Producing short educational videos that highlight general home safety is another possibility, where these safety videos could include hazards that may cause torniquet injuries or even death.

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In conclusion, this case represents a rare situation of the constriction of the wrist by a cable tie. This underlines the importance for clinicians to be vigilant for signs of hidden constrictive devices. While the report attributed the delayed treatment being due to the child's fear of getting scolded, it is also necessary to consider contextual or parental factors (e.g. inadequate supervision, parents being busy) that led to the delay for one month. Hence, home-safety education is essential for parents to be more mindful of their children's safety and prevent similar injuries in the future.

Declarations

Disclosure and Conflict of Interest

The authors declare that they have no conflicts of interest and no financial disclosures relevant to this case report.

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Author Details:

Faculty of Nursing, PAPRSB Institute of Health Science, Universiti Brunei Darussalam, Brunei Darussalam.

Correspondence:

Rinoa Yun Hui Jun
24H8721@ubd.edu.bn