

Chee Fui CHONG



Figure 1

A 25-year-old man presented to Accident and Emergency Department with a bruise and swelling in his right lower thigh, having been bitten by a dog yesterday evening. On clinical examination, the lower third of his right thigh was swollen, tense and tender as well as pulsatile. There was also two deep punctured wound which have clotted off. A right femoral angiogram was requested and is shown in Figure 1.

What is the diagnosis?

Answer: refer to page 219

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Answer: Right superficial femoral puncture from dog bite

The incidence of vascular injury following dog bite has been reported to be about 11.6%, majority of which occurs in the extremities (9.3%).¹ The puncture mark on the skin can be small and in most cases sealed by the time the victim present for medical attention. Any history of initial bleeding particularly of arterial spurt immediately after the dog bite should warrant a careful examination of the wound and even an angiogram if the suspicion of vascular injury is high, although only 28% of routine angiograms of suspected vascular injury following dog bite demonstrated significant arterial vascular injuries.²

Delay in seeking treatment as in this case or a missed diagnosis of vascular injury resulting from a dog bite, may lead to the formation of a pseudoaneurysm (Figure 1) as in this case or more commonly an occlusion of the vessel. Infection risk is in the order of 3-17%.³

Management of any dog attacked victims must include an initial primary survey for any immediate life threatening injuries, and all wounds should be examined carefully for any skin loss, joint penetration, and tendon, nerve or vascular injuries. Treatment will include thorough cleansing of all wounds and wound debridement performed if required.⁴ Tetanus injection should be given. However, only 10.5% of vascular injury requires an immediate operation to repair the punctured vessel. Antibiotics should be given



Figure 1: Right femoral angiogram showing contrast media filling up a large pseudoaneurysm sac. All SFA and profunda femoris vessels are patent with good distal filling.

only on indication such as hand wounds, puncture deep wounds and in immune compromised patients.³ For this case, the patient underwent urgent repair of the punctured right distal SFA and excision of the pseudoaneurysm successfully. He was also given tetanus shot and covered with antibiotics cefuroxime and metronidazole for 1 week.

REFERENCES

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