

THE NOSE—AN UNUSUAL SITE OF ELECTRICAL BURN

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SUMMARY

Two cases of Electrical burn at an unusual site i.e. the root of the nose are being reported along with their management.

(Key Words : Burns, Electric burns)

The upper extremity, especially the hand, is the most frequent site for electric burns. The second commonest site is the lower extremity. In children and toddlers, nine months to four years of age, the oral cavity and the lips are the most frequent sites because a carelessly left live electrical wire is often chewed by these toddlers out of curiosity (Davis, 1959). Electric burns of scalp and face are not rare and early definitive treatment should always be tried (Monasterio, 1980).

Case Reports

Case No. 1 : Mr. N., 60 years, male, was admitted with an ulcer at the root of the nose since last three months. The patient sustained the burn injury, while walking on the road, by a hanging, broken, live, electrical wire, which came directly in contact with the root of his nose. On examination there was an ulcer at the root of the nose (2 cm × 3 cm), having irregular margins. The nasal bones were exposed, with healthy granulation tissue surrounding them. The defect

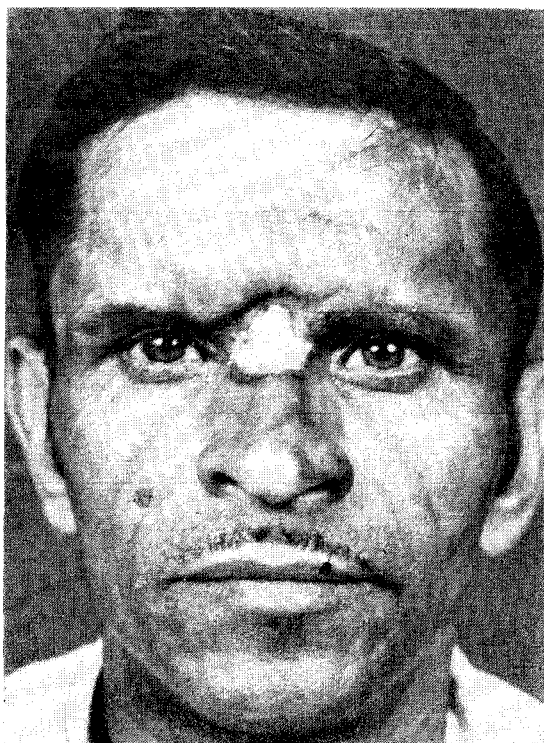


Fig. 1(a). Pre-operative frontal view.

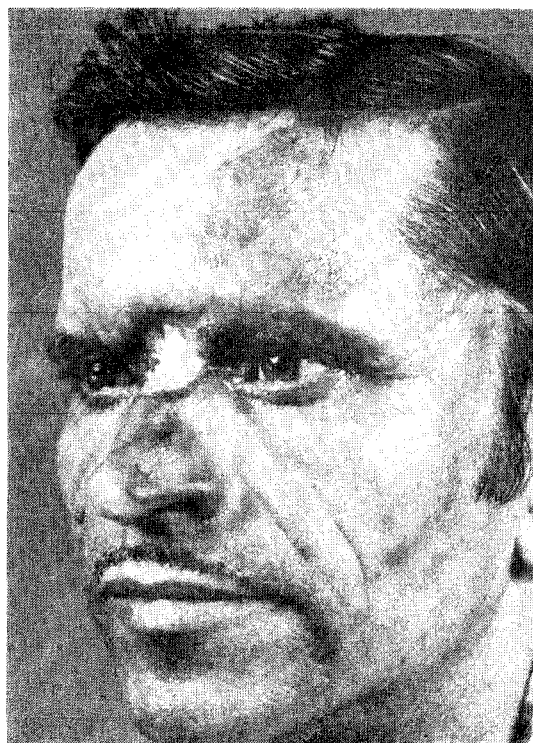


Fig. 1(a). Pre-operative oblique view.

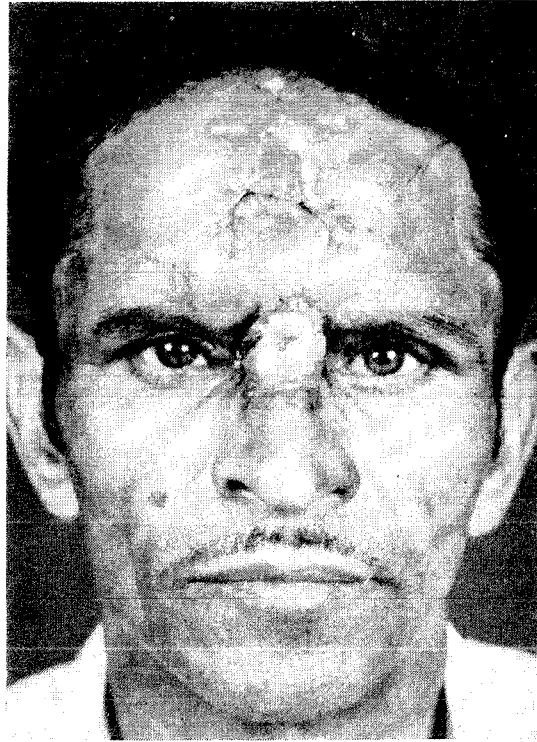


Fig. 1(b). Post-operative appearance.

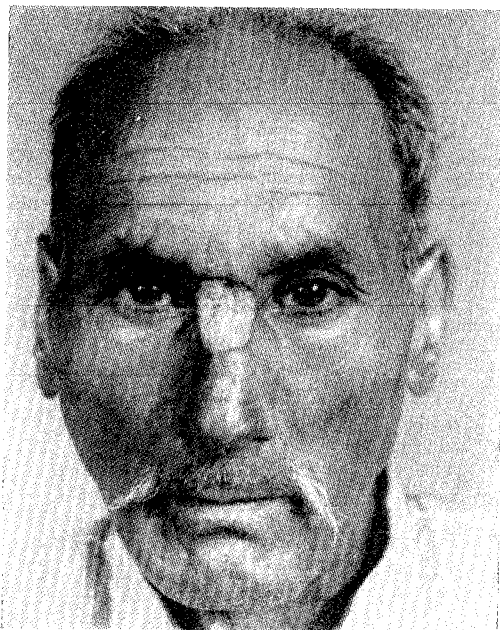


Fig. 2(a). Pre-operative view.

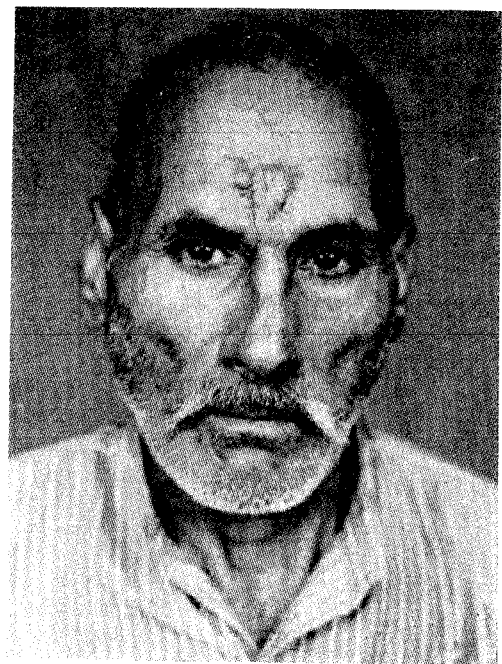


Fig. 2(b). Post-operative appearance.

was covered by an off mid line forehead flap (Fig. 1 a and b).

Case No. 2 : Mr. C. P., 48 years, male, was admitted with an ulcer at the root of the nose, since last two months. He was riding on a bicycle, when he was struck on the root of the nose by a broken, hanging, live wire and he fainted after sustaining the electrical burn. His face became dark and swollen. The ulcer was (2 cm \times 2½ cm), oval, non-tender, with irregular margins. The nasal bones were exposed. The

defect was covered by a midline forehead flap as shown in (Fig. 2 a and b).

Discussion

The two cases of Electric burn of the nose reported here had identical history, site of involvement and mode of management, which gave fairly satisfactory results. Delay in management could have resulted in various complications. The forehead flap was preferred over other flaps for obvious reasons.

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