

## Severe Facio-Maxillary Injury Resulting from Camel Bite

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Injuries of the face as a result of bite by animals have been reported by different workers. Recently Schultz and McMaster (1972) have described facial injuries caused by dog bite, He estimated about 500,000 to 660,000 dog bites cases per year in the United States. According to Chambers and Payne (1969) biting force of a dog could be as high as 150-200 pounds per square inch. By comparison camel bite injuries are much rarer. The biting force of a camel must be much more than a dog due to its powerful teeth and jaw muscles.

We report a rare case of camel bite in a female child which resulted in severe facio-maxillary injury.

### Case Report :

A 10 year old female child was seen three days after being bitten by a camel. The accident occurred when this child was trying to feed a recently acquired, ill tempered camel. At the time of admission the patient was quite apprehensive. She had a gaping lacerated wound on the left side of the face (Fig. 1). The wound involved the floor of the



Fig. 1—Severe facio-maxillary injury caused by camel bite. Maxillary antrum is opened. Affected maxillary segment is at lower level.



Fig. 2—Front view showing healed but depressed scar.

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nose, the ala and the middle of the face on the left side. The maxillary antrum was widely opened and could be seen from outside. Maxilla on the affected side was fractured transversely and teeth were at a lower level as compared to the normal side.

There was considerable swelling of the face on the affected side. The wound edges were oedematous and indurated. There was profuse discharge from the wound.

#### **Investigations :**

The haemoglobin was 8 gm. %, WBC was 14,700 Polymorph 78%, Lymphocytes 19%, Eosinophil 3%. No abnormality was detected on routine urine examination,

X-ray film taken on admission showed a transverse fracture of the maxilla and lower part of the malar—zygomatic compound. The maxillary antrum appeared opaque. Infraorbital Margin was intact. Central incisor on the affected side was at a lower level representing drooping of the fractured segment.

Wound swab was sent for culture and sensitivity. Patient was given antitetanus serum.

#### **Treatment :**

The patient was operated under G. A. with nasal intubation through the unaffected nostril.

The wound was thoroughly cleaned with warm savlon solution and maxillary antrum was irrigated till free from blood clots and debris. Fractured maxilla was reduced and

interdental islet wiring was done. This was possible because of sound teeth in both the jaws. A Ryle's tube was passed for feeding purposes. Though the wound was almost 72 hours old, primary closure in layers with the drainage of maxillary antrum was affected. Only minimal number of sutures were applied.

During post-operative period there was some discharge from the wound which persisted for a few days. Stitches were removed on the eighth day.

Post-operative x-ray film taken one week after showed good position of the maxilla. Both central incisors were at the same level. Wound healed well leaving a prominent and depressed scar. Inter dental islet wiring was removed at the end of five weeks. There was no malocclusion. (fig, 2).

#### **Discussion :**

A Camel bite could cause serious injury to the face as the animal has powerful set of teeth and jaw muscles. The injury becomes more extensive in children because of a softer bony architecture. Severe damage to soft tissues and the facial skeleton may occur leaving behind a scarred and deformed face.

Though the injury was 72 hours old, soft tissue closure in layers was possible due to extremely good blood supply of the face. For better result, these injuries should be dealt with as soon as possible, preferably within the first twenty four hours, otherwise infection, oedema and induration make the repair more difficult. A simple procedure like inter dental islet wiring can give very satisfactory results provided sufficient teeth

are available. This patient will eventually need revision of scars.

**Summary :**

A rare case of severe facio-maxillary in-

jury resulting from a camel bite is described.

Simple procedure like interdental islet wiring can give gratifying results.

**REFERENCES**

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