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Buffalo Horn Injury to Thigh While Working at Buffalo Shelters/ Rural Haryana

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ABSTRACT

Bull horn injuries are defined as lesions resulting from collision with bull/cow horns. Bull horn injuries though not so commonly seen in cities are commonly observed in rural areas. The injuries produced by bull goring can be classified into blunt wounds, or contusions, and penetrating or open wounds. We are presenting a case of bull gore injury in the rural setup in India at SGT Medical college Gurgoan, Haryana. The management of patients depends on the site of injury and general condition of the patient. Bull horn wounds have special characteristics-in country like India which is agrarian economy and cattle are reared in rural areas, such injuries and their management is still relevant.

Keywords: Bull horn injury, lance, puntazo, cornada.

I. INTRODUCTION

Bull horn injuries are defined as lesions resulting from collision with bull/cow horns. Bull horn injuries though not so commonly seen in cities are commonly observed in rural areas[1-2].The injuries produced by bull goring can be classified into blunt wounds, or contusions, and penetrating or open,wounds. Open wounds are called goring wounds and they are classified based on the bullfighting terminology in Spain[3].

a. **Lance:** Contusion resulting from the horn's transversal collision.

b. **Puntazo:** A light horn puncture wound or scratch. Structural continuity of skin and subcutaneous tissue caused by the tip of the horn and not involving the
muscles.

c. **Cornada**(Goring): Small entry, lacerated contused wound involving the muscles or body cavities.

d. **Cornadadespistante**(misleading goring): Entry wound is far away from the most significant trauma area.

e. **Cornadaenvainada**(penetrating goring): Deep injury with severe internal lesions without structural continuity in the skin.

Most of these injuries are bull horn injuries (63%) involving the lower extremities[4].

II. CASE REPORT

A 55-year-old female presented in the department of orthopaedics with the complains of pain, swelling in the left thigh for the last eight days, after having direct trauma by buffalo horn. Patient was asymptomatic eight days before coming to the hospital, when she developed sudden onset pain in left thigh which was progressive in nature. She had progressively increasing swelling over the left thigh at the site of injury.

Clinical examination revealed diffuse tender swelling (14x12 centimeters) over the middle of the anterior aspect of left thigh [Figure 1]. The swelling was fluctuant with superficial abrasions. The local temperature over the swelling was raised and there was no regional lymphadenopathy.The knee movements were restricted and painful. X- Ray picture left thigh showed no bony injury. Aspiration was done from the local site and 50 ml. of blood was aspirated and it was sent for culture and sensitivity [Figure 2]. Magnesium Sulphate dressing was done. The culture and sensitivity showed no growth.

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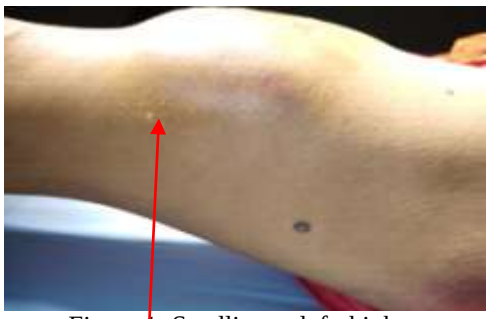

Figure 1: Swelling at left thigh

Figure 2: Aspiration from left thigh

Patient was given prophylactic antibiotics, analgesic and serratiopeptidase. The patient again developed at the injury site and was aspirated again after 7 days and 30 ml of blood came out. Antibiotics were continued for 7 days more and ambulation was started after 2 weeks of injury. She was advised to perform knee flexion as tolerated. She showed good improvement. She was followed up to 3 months and patient returned to normal daily activities.

At the time of last follow up she had full functional recovery of the left lower limb with no swelling. There was a healed scar which required no further treatment, Figure3&4.

Figure 3: Full flexion at left Knee

Figure 4: Full extension at left Knee

III. DISCUSSION

In our country, bull gore injuries are frequently observed in the rural area where people come in contact with these animals. The horn of bull can inflict lacerations and can also penetrate the body cavities[5-6].Goring is also described as a single injury which includes a mix of lacerated wound, contusion and infection by many researchers. Thus, the wounds produced due to bull horn injury vary from contusions, lacerations and penetrating wounds involving internal organs to fractures[7]. According to the literature, the most frequent wound is the goring wound (81%)[8]. Although bull horn wounds can occur anywhere on the body, the most frequent location is in the lower limbs, especially the thigh, although any region can be involved. The anatomic regions that could be affected are the abdomen, perineum, chest, and upper limbs. The cervicofacial region is one of the least affected[9].In this case the lower extremity was involved.

IV. CONCLUSION

Our patient had injury in the left thigh which recovered by repeated aspiration and dressing of the wound. The patient did not require any surgical intervention. We are of the opinion that most of these injuries in the limb can be treated conservatively except those having deep wounds, which may require wound debridement under anesthesia.

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