Clinical Image

Dog Bite in Newborn - The Surgeon Point of View

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CLINICAL IMAGE

Dog bites of the facial region are increasing in children according to the Center for Disease Control [1].

Early estimation of infection risk, adequate antibiotic therapy and, if indicated, surgical treatment, are cornerstones of successful cures of bite wounds [2]. The first step in preventing this kind of accident is to identify the associated risk factors [3].

We describe a case of potentially lethal animal aggression, in a child of 10 days of age, savaged by owned dog by race “Alpenlaendische Dachsbracken” within her home. The newborn was attacked while sleeping.

Figure 1 You can see 4 more cuts and grazes soft tissue at the expense of the upper third of the right ear, (full-thickness skin and chondrosuction in the upper third) of the external auditory canal sectioned at 360°, and deep bite skin lesions on the territory of the parotid and the right zygomatic-temporal region, along the course of the motor branch of the facial nerve. The wound in the preauricular lower region was a skin by passing through all the layers directly in the muscle of the cheek mucosa of the oral cavity. Finally, a large wound right side composite pedicled flap (skin, mucosa, and cheek muscles) stretched to the middle of the cheek and upper lip all the right nasal orifice, and the nasal ala, with extensive laceration of the nasal floor ipsilateral, and destruction of the fornix-pectoralis mucosa.

The parotid gland was detached from the SMAS with apparent stretching of the nerves emerging from the superficial anterior margin of the parotid, where the facial nerve is externalized and provides distal motor branches as temporal (T), zygomatic (Z), buccal (B), marginalis (M), cervical (C) for the muscular structures of relevance, responsible for facial expression.

Figure 2 The tongue is divided transversely into two parts, with high risk of bleeding, respiratory and cardiac arrest, which originates on the upper airways.

The balance sheet lesion load in damaged structures performed later in Operating Theatre was much more severe than shown in (Figure 1).

The extent and severity of damages is evident in all its potential graveness in frontal projection (Figure 2), intraoperative image.

Some medical and surgical considerations will be examined point by point:

NOSE-ENDOTRACHEAL INTUBATION

The maneuver was not particularly easy, when you consider the anatomy of an infant 10 days of life, the subversion of the oropharynx due to the presence of blood clots, tissue edema and oozing blood that prevents the display of the glottis.

TONGUE (BLEEDING - GLOSSOPTOSIS - OBSTRUCTION - DESATURATION)

The tongue was sectioned obliquely from the top downwards, with transverse split into two, front and rear portions. With any movement the lingual flap slid back toward the glottis with immediate desaturation and cyanosis. The anterior portion was kept anchored ventrally from the floor of the tongue. A such trauma is described as life-threatening for two reasons: to start bleeding from the cut lingual arteries, and airway obstruction caused by lingual rear flap that falls backwards.
UPPER LIP AND NOSTRIL

The degree of difficulty added to the reconstruction of the nostril and nose sores functional aesthetic of the unit, was the presence on the right of the endotracheal tube nose, head of a kind of artificial induced asymmetry. The repositioning of the nasal wing has forced the mind of the surgeon to the constant imagination and virtual projection of the aesthetic end, as the surgical reconstruction proceeded, unable at that time to physically get the true estimate of the final result.

DENTAL TOOTH GEMS

A final load of the gems of the deciduous and definitive teeth as can be seen in (Figure 2), the damages are many, when you consider that even the upper right and lower left gingival-alveolar arches were torn, kept only the anchored consideration alveolar nerve.

FUNCTIONAL AND AESTHETIC RECONSTRUCTION

With the intervention we tried to reconstitute the continuity of the orbicularis of the mouth, the aesthetic unity of the filter, the filter columns, the line of white roll of the lip, the vermilion and the upper right corner, despite the little flap was perfused in distal portion.

REFERENCES