

Dog Bite of the Face in an Adult Nigerian- A Case Report

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ABSTRACT

Background: Dog bite of the face is uncommon in adults. This is, in fact very rare in our environment and presentation of this single case to our centre led to our desire to discuss both the presentation and management of the patient in this paper.

Methods: An adult female Nigerian who had dog bite to her face involving both lips and the commisure is presented. The folder of the patient and the operation note were the sources of the information.

Results: She had minimal debridement of the wound with Abbe-Estlander flap cover of the wound. The dog was also placed under surveillance for a period of 2 weeks. The wound healed perfectly with no complication. The involved dog remained healthy 2 weeks after the injury.

Conclusion: Dog bite of the face, though uncommon, can present in an adult. Sometimes the challenges of reconstruction of such defect could be great. Wound management with minimal debridement and closure gives good results on the face.

KEYWORDS: Dog bite; Face; Adult; Nigeria.

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INTRODUCTION

Human bites of the face have been reported by Datubò-Brown in Port-Harcourt Nigeria¹. Although reports have shown animal bites of the face as well as other parts of the body from other parts of the world, animal bites of the face are commoner among children than adults. We, as well as many others have managed dog bites to the limbs and trunk in adults. However the present case was the first dog bite of the face being managed in an adult in our unit. We are not aware of any previous report of a dog bite of the face in an adult Nigerian. This is why the management of this case is presented.

CASE REPORT

A 26-year old married undergraduate lady presented to our centre 2 hours after she sustained a bite from her dog. She was bitten while playing with the dog. The dog was immunized against rabies.

Examination revealed a young lady who was apprehensive but not pale. Head and neck examination revealed a defect in the left side of the mouth involving the upper and lower lips as well as the commisure. The edges were ragged with full thickness loss (Fig.1). Other systems were essentially normal.

The patient was immediately taken to the theatre where the wound was debrided and washed with normal saline and repair done with an Abbe-Estlander flap.

Tetanus toxoid 0.5 millilitre stat, ampiclox and flagyl were given. Sutures were removed on the fifth day post operatively. The result was acceptable to the patient (Fig. 2). The dog was under surveillance for two weeks with no sign of rabies. Patient was subsequently lost to follow up.

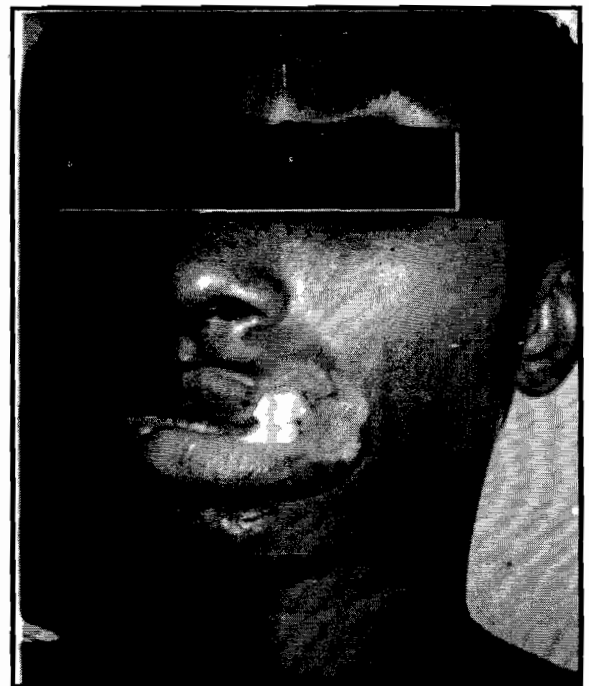


Fig 1. Patient at presentation to the hospital

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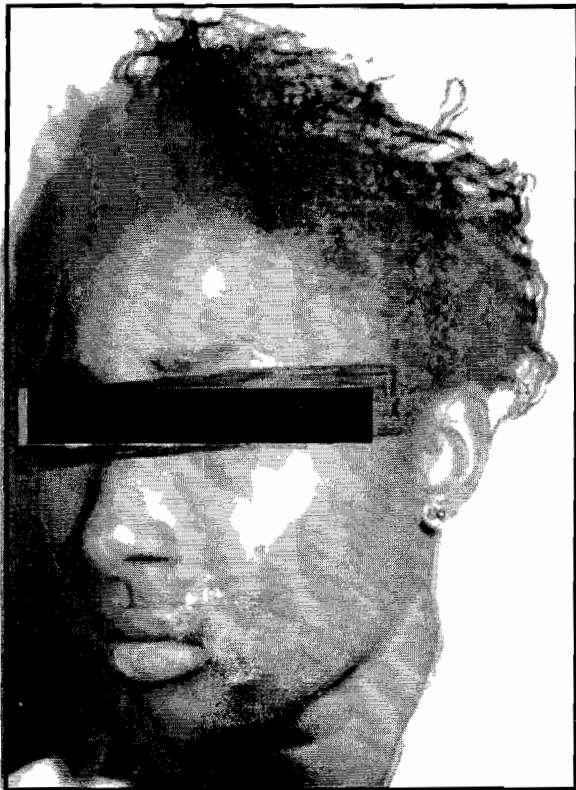


Fig 2. Patient a week after surgery

DISCUSSION

Dog bite involves a combination of penetrating and avulsive injuries. It may be disfiguring and may also cause serious damage to the eye and its adnexae². The lips were the leading site of dog bite in the series reported by Palmer and Rees in 1983³ being lacerated or amputated in 63 of 148 bites.

Most facial dog bites occur in children especially under the age of 5 years. Palmer and Rees³ showed 80% as children under 15 years.

Injuries in the medial canthus are common and Gonnerin⁴ found damage to the lachrymal system in 15 of 16-periorbital-dog bite studied.

The case presented in this paper outlines the fact that though rare in this environment dog bite of the face in an adult Nigerian could occur.

The social implication with poor aesthetic result that may accompany the injury if poorly managed is obvious.

Unlike injuries involving other parts of the body, primary closure after a minimal debridement is possible and could give a good result if properly handled.

Surveillance of the dog involved for possible manifestation of rabies is also important as shown in this case.

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