

RETAINED SNAIL SHELL IN THE FOOT.

ABSTRACT

A 50 year old male, presented with a painful swelling of his forefoot due to retained snail shell causing clostridial and pseudomonas infection. No report of such case in the literatures.

INTRODUCTION

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Retained foreign bodies in the foot is seen frequently but a snail shell in the foot, is hardly reported in the literatures. We report this case to draw attention to the plain the foot in any puncture wound.

THE CASE:

A 50 year old engineer presented to the Orthopaedic Clinic with a marked swelling and a puncture wound in the plantar aspect of the forefoot. He gave a history of an accidental injury. The patient consulted at a nearby hospital and they did arrange for him cleaning of the wound and given oral antibiotics. He was referred to the clinic after 3 days.

On examination, he had low grade temperature and a marked swelling of the forefoot associated with redness and signs of lymphangitis. Temperature 40°C. There was a 4 cm puncture wound in the plantar surface of the right forefoot with minimal

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amount of pusy fluid. Plain x-ray of the foot did show an unusual foreign body

(Snail shell) at the level of the first metatarsal Figure (1). Any bony injuries.

Under general anaesthesia, the foreign body removed Figure (2). The wound was irrigated with normal saline and kept open.

Henicillin and his culture revealed later pseudomonas species and clostridia perfringes where he was given extra Gentamycin for 5 days. followed up in the clinic with no signs of residual infection.

DISCUSSION.-

Retained foreign bodies in the foot are commonly due to needles, but abnormal foreign bodies have been reported in the form of cocktail stick (1), Sea urchin spines (2), stingray spine (3), sponge rubber (4), pieces of wood (5), *Pilus cuniculatus* (6), radiolucent foreign body (7), metallic foreign body (8), and graphite foreign body (9). Diagnosis of retained foreign bodies depends on high degree of suspicion depending on full clinical examination and the exact mechanism of injury and whether there was a puncture wound or not. Even sometimes plain x-ray is not sufficient for confirmation of the presence of the foreign body. Some doctors (e.t.) use the ultrasound to detect the radiolucent foreign bodies like the glass or wood (10,11).

Some doctors went and did CT scan to localize undiagnosed retained foreign bodies (12, 13, 14).

The usual trend for the retained foreign bodies is the removal under general anaesthesia using a Tourniquet and a fluoroscopy. If they are symptomatic and causing problems to the patient. But most of us did encounter in practice asymptomatic broken needles in the foot which if you remove them you will cause more damage than benefit to the patient. Even some surgeons suggesting non operative treatment for retained radiolucent foreign bodies by application of cast especially after failure of the initial exploration as these foreign bodies will extrude (15).

The problemn of retainedforeign bodies, they may cause osteomyelitis, septic arthritis, periosteal reaction, pseudo tumors and osteomyelitis like lesions(16,17, 18).

Our case did cause pseudomonas infection and clostridial infection of the soft tissues of thefoot

CONCLUSION.-

Retainedforeign bodies in thefoot is quite common and usually missed especialy if they are radiou@ent

is: Usually depends on high degree of suspicion andproper clinical examination, for radioopaqueforeign bodies, plain x-ray is satisfactory butfor radioluscent bodies ultrasound is recommended to avoid deep infection.

Our case of retained snail sheff in thefoot is another extremely unusual case which was not reported before to be added to the unusualforeign bodies in thefoot.

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