

Retained Foreign Body in Hand: Presented with Claw Hand

Farooq Azam Khan

INTRODUCTION

Foreign body intrusions into the hand are among the most common injuries of the upper limbs reported in the Emergency Department.^{1,2} Persisting foreign objects in the hand can compromise important anatomic structures and may become a source of infection.^{3,4} Radiolucent foreign objects are routinely missed on radiography and are diagnostic challenge.⁵

A 21-year-old male patient presented in OPD with development of right hand clawing for 08 weeks. He gave history of the fall on an outstretched hand with more pressure on ulnar side. On examination slight wasting of hypothenar eminence and healed scar mark was noted. There was tenderness in the distal carpal region especially along hamate bone. X-ray wrist showed no pathology. Magnetic resonance imaging confirmed laceration of ulnar nerve distal to Guyon's canal and retained foreign body.



Figure 1: Showing marked skin incision. The healed scar mark in the hypothenar eminence is also visible

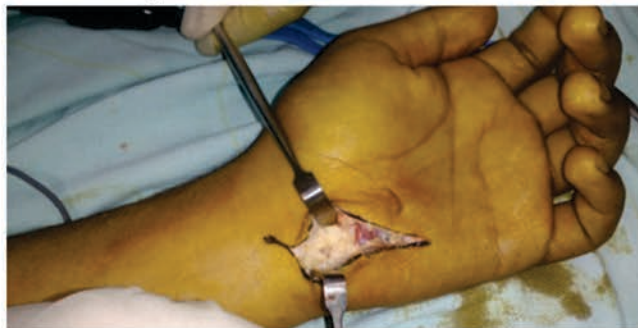


Figure 2: Incision given in the marked area

Sharif Medical & Dental College, Sharif Medical City,
Sharif Medical City Road, Off Raiwind Road, Jati Umra,
Lahore 54000, Pakistan.

Correspondence: Dr. Farooq Azam Khan
Assistant Professor Department of Orthopaedic Surgery
Sharif Medical & Dental College
E-mail: dr.farooq224@hotmail.com

Received: March 5, 2018; Accepted: March 8, 2018.

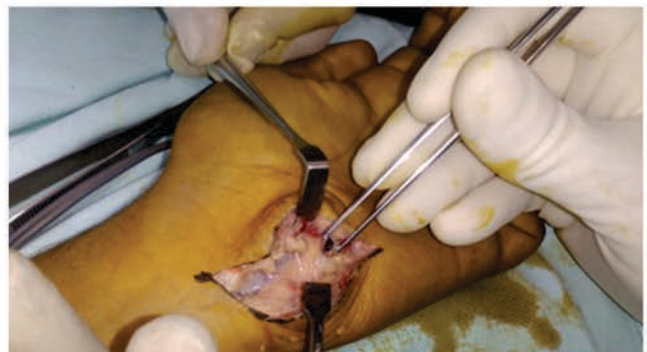


Figure 3: Guyon's canal released. Glistening foreign body in hypothenar muscles identified



Figure 4: Sharp glass piece with injury to the ulnar nerve.



Figure 5: Lacerated ulnar nerve



Figure 6: Repair of ulnar nerve and removal of foreign body from hypothenar space

REFERENCES

1. Salati SA, Rizvi T, Rabah SM. Missed Foreign Body Presenting as a Chronically Painful Hand. *East and Central African Journal of Surger.* 2010; 15(1):144-6.
2. Ipaktchi K, DeMars A, Park J, Ciarallo C, Livermore M, Banegas R. Retained palmar foreign body presenting as a late hand infection: proposed diagnostic algorithm to detect radiolucent objects. *Patient Saf Surg.* 2013; 7: 25.
3. Potini VC, Francisco R, Shamian B, Tan V. Sequelae of foreign bodies in the wrist and hand. *Hand.* 2013 Mar; 8(1):77-81. doi: 10.1007/s11552-012-9481-6.
4. Salati SA, Rather A. Missed foreign bodies in the hand: an experience from a center in Kashmir. *Libyan J Med.* 2010 Apr 12;5. doi:10.3402/ljm.v5i0.5083.
5. Donaldson JS. Radiographic imaging of foreign bodies in the hand. *Hand Clin.* 1991 Feb; 7(1):125-34.

