

Felis Silvestris

Sir,

We have recently been involved in a case, described below, of rupture of Extensor Pollicis Longus which had an unusual aetiology.

Whilst out hill walking in Scotland, a seventy-five-year old man was bitten on his right hand by a Wild cat (*Felis silvestris*), which had been cornered by his dogs.

Despite immediate aggressive local wound treatment, supplemented by parenteral Penicillin the wound became infected. Oral Penicillin was started by his General Practitioner but this was changed to Ciproxacillin after 3 days because it failed to respond. Although this resulted in rapid resolution of his infection he noticed at this time that he was unable to extend the distal phalanx of his right thumb, (he was right handed), in view of this he was referred to the Accident and Emergency Department.

At the time of presentation there were two scars over the dorsum of his right hand, just distal to the Radial styloid. As he was unable actively to extend the interphalangeal joint of his right thumb a diagnosis of rupture of Extensor Pollicis Longus was made. The area was explored under general anaesthesia after the low grade infection had subsided.

At operation there was evidence of recent infection and complete rupture of Extensor Pollicis Longus was confirmed. The proximal end of the tendon was found and a direct Kessler-Mason-Allen repair performed. After immobilization of the thumb and wrist in Plaster of Paris for 1 month, the thumb was mobilized under physiotherapy supervision and normal function regained.

Felis silvestris (the Wild cat) is rarely seen, being shy and nocturnal and nowadays restricted in its range to Scotland. Cat bites have a reputation for being difficult to treat (Green, 1988) as shown in this case where infection occurred despite both local therapy and parenteral Penicillin. No organism was isolated in this case, although *Pasturella multocida*, (which is usually sensitive to Penicillin), is often implicated as it is a common commensal in the mouth of cats.

Spontaneous rupture of Extensor Pollicis Longus is more commonly seen following Colles fracture or as a complication of Rheumatoid arthritis, both mechanical attrition and decreased vascularity being suggested as a cause (Jenkins & Mackie, 1988). In this case it seems a combination of partial tendon injury and the subsequent infection which led to rupture of the tendon. Direct repair as in this case is occasionally feasible even after four weeks although at this stage an Extensor Indicis transfer is more usual.

G. J. PACKER & Mr. C. C. GORING
Accident & Emergency Department
North Tyneside General Hospital
North Shields, U.K.

REFERENCES

- Green D. P. (1988) *Operative Hand Surgery* Volume 2. pp. 1043 Churchill Livingstone, Edinburgh.
- Jenkins N. H. & Mackie I. G. (1988) Late rupture of Extensor Pollicis Longus Tendon: The case against attrition. *Journal of Hand Surgery* 13-B, 4, 448-9.

Swallowed foreign body

Sir,

This X-ray (Fig 1) taken in our department's Resuscitation room, was of a 5 year-old girl who had swallowed a five pence coin. This was subsequently removed on emergency oesophagoscopy from the upper 3rd of the oesophagus. While it is well known in specialist circles (E.N.T.) that it is possible to distinguish from a plain

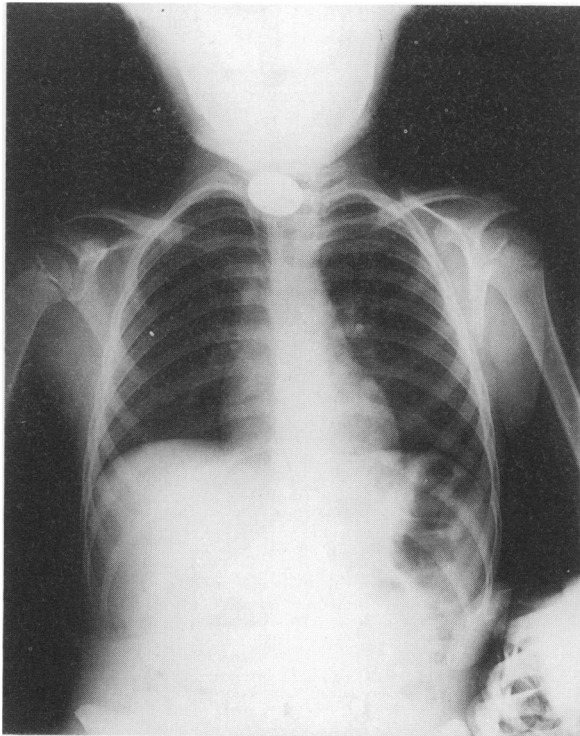


Fig. 1 Radiograph of child with coin visible in upper oesophagus.

radiograph of the neck whether the coin is in the oesophagus or the larynx, it was felt this knowledge is not widespread among junior Accident and Emergency staff.