

Letter to the Editor

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An Uncommon Presentation to ED : 'Finger Stuck in a Hole' Injury in a child — A Case Report

SIR, — Finger injuries are common in childhood, among which 38% were under 5 years in a study¹. Their little fingers being stuck in keyholes, electric sockets, nuts or any other orifices, uncommonly Idli mould plate hole can lead to complex medical challenges². Once the finger gets stuck, the resultant distal edema will lead to difficult retrieval of the finger. The ill-judged attempts of pulling the finger could result in delay in using an appropriate technique of removal which can lead to circumferential degloving and injury to the neurovascular structures³. We report one such case, for which we successfully retrieved the stuck finger safely.

CASE PRESENTATION

A 3-year-old female toddler was brought to Emergency Department, Subbaiah Institute of Medical Sciences and Research Centre, Shivamogga, Karnataka with a history of the right index finger being stuck in an Idli mould plate hole since 2 hours while playing. 'Idli' (steamed rice cake) is a common south Indian dish that is prepared in moulds where the batter is put in and steamed. The steam enters through small holes in the mould and cooks the batter. Our toddler had inserted her right index finger into the central hole in the steel mould plate while playing and got her finger stuck (Fig 1). The parents at home tried removing the plate by using oil, soap and jelly which was unsuccessful. Later, the child was taken to a metal welding shop to cut the plate by cutter which was also unsuccessful. On arrival to ED, the finger stuck in the center hole of idli mould plate was edematous (Fig 1). The child was screaming in pain and highly uncooperative for which reassurance was given involving her parents as well. 2% solution of Lidocaine was injected as a ring block to anesthetize the finger. Lidocaine jelly was also applied around the stuck finger to ease the removal. An attempt was made to gently take off the plate which failed. Later, multiple tiny pricks were done to remove the edema fluid and then the finger was removed by gently sliding the plate (Fig 2). A few superficial lacerations were there around the affected finger after removal which were left for secondary healing and no other injuries were noted.

DISCUSSION

Management of idli plate entrapment of the pediatric finger using various techniques include using household items such as soap solution, shampoos, Vaseline, butter and oil as lubricants, local anaesthetic and antibiotics as lubricants, exposing the finger to cold water to allow vasoconstriction, using thread or string, parachute technique, high speed dentist's drill and mechanical metal cutters^{2,4}.

CONCLUSION

'Finger stuck in a hole' injuries are uncommon emergencies.



Fig 1 — Child's finger stuck in a idli mould plate hole



Fig 2 — Child's finger after removal with a small laceration

Managing such cases is very crucial. If appropriate retrieval is not done in time, it could result in damage to neurovascular structures and skin. Early appropriate intervention can save the occluded finger.

REFERENCES

- 1 Doraiswamy NV — Childhood finger injuries and safeguards. *Inj Prev* 1999; **5**: 298-300.
- 2 Alexander G, Alexander R — An unusual form of 'finger stuck in a hole' injury in a child. *Indian J Plast Surg* 2012; **45(3)**: 585-6.
- 3 Periasamy M, Asokan K, Mohan M, Muthukumar V, Venkatramani H, Sabapathy SR — Parachute Method: A Novel Method to Retrieve a Stuck Degloved Finger. *Indian J Plast Surg* 2022; **55(3)**: 307-10. doi: 10.1055/s-0042-1744455. PMID: 36325091; PMCID: PMC9622326.
- 4 Patwardhan S, Patwardhan S, Shyam A — Digital strangulation by idli plate/mould. *J Orthop Case Rep* 2017; **7**: 100-1.

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