

Orthopedic Challenges In Field Hospital: Cox's Bazar - Case Series

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INTRODUCTION:

Management of orthopedic cases in crisis zone required suitable approach according to available limited equipment and nature of hospital setting. It's a challenging experienced for surgeons.

CASE REPORT:

We present 3 orthopedic related cases treated by our volunteer surgeon in the field hospital.

1st case: 9 years old Rohingya refugee presented with chronic penetrating ballistic injury. Presented with painful non healing wound over her right axilla with contracted scar. Clinical assessment shows there were presence of exuberant painful granulation tissue protruding from the non-healing wound surrounded by linear contracted scar. She was treated with excision of the exuberant granulation tissue with primary closure of the wound followed by regular dressing and physiotherapy.

2nd case: 8 years old Rohingya boy presented with post trauma 1 week alleged fall sustained pain and swelling over left elbow. Physical assessment noted deformity with reduce range of motion of left elbow with no neurological deficit. He was treated with close reduction and k-wire fixation done in OT under image intensifier guidance with minimal facility. Fixation then augmented with above elbow cast post op.

3rd case: 64 years old lady came with post MVA 1 month sustained right elbow dislocation. Presented with right elbow deformed in extended position with reduce range of motion. Close reduction done under general anesthesia once 2 weeks post trauma but the elbow re-dislocate again due to non compliance to cast immobilization. On follow up close reduction was successfully done again under sedation with ketamine and cast was applied post reduction for 4 weeks with strict advise on compliance.

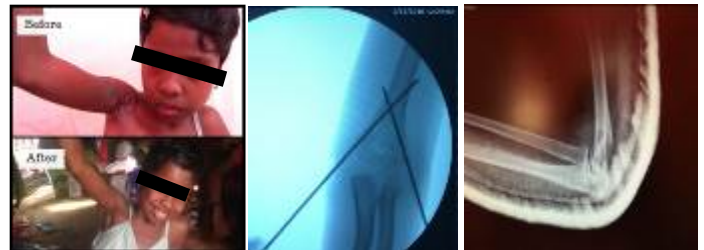


Fig 1:
Gunshot wound

Fig 2 :
Supracondylar
Fracture Gartland
3

Fig 3 :
Dislocate right
elbow joint

DISCUSSIONS:

Orthopedic trauma surgeon must change their approach in war zone area, applying basic principle of wound and fracture management with lower expectation when adapting to lower level of technology. From our experienced we can conclude that

1. The best teacher for medical humanitarian work is our experienced in the field.
2. We must become *Jack of all trade Master of our field*
3. Teach other or our colleague from different background and community to relief the burden of work.
4. Be a LEADER and also a SOLDIER.

CONCLUSION:

The best option of treatment is based on the hospital setting, risk of complication and functional expectation. Sometimes a simple solution can provide the best result for a complicated problem.

REFERENCES:

1. War wounds with fractures : A Guide to surgical management. David I, Rowley MD, FRCS ICRC medical division