

Clinical Image: Crocodile Bite

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BRIEF HISTORY

We present images of severe injury from a crocodile bite. This is the left leg of a 29-year-old woman who was suddenly attacked and bitten by a crocodile while she was washing her clothes in a river in Nigeria (Figure 1).

She came to our emergency room with severe pain starting from the wounds in the left leg and radiating to the ankle and the foot. There were two evident wounds: one over the knee with a triangular shape of about 15 cm as maximum side and one with a trapezoid shape below the knee of about 20 cm as maximum side. She was febrile with a temperature of 38.6 °C. Her blood pressure was 105/60 and her heart rate was 110. Blood analysis showed high white blood cells (17 x10³/mL) with prevalent neutrophils. She subsequently had a large spectrum antibiotic therapy: oral doxycycline 100 mg twice a day, IV metronidazole 500 mg every 6 hours and IV cefotaxime 2 g every 8 hours. On the second hospital day, she was afebrile with amelioration of clinical signs. She was discharged after 15 days of intravenous therapy, with a scheduled home care management.

Figure 1: Wound on the left leg of our patient



DISCUSSION

The incidence of crocodile bites have increased during the last several years both in developed and in developing countries throughout the world [1-3].

The microbiology of animal bite wound infections in humans is often polymicrobial, with a broad mixture of aerobic and anaerobic microorganisms [4, 5]. The microbes can originate from the animal oral flora, from previously ingested foods or from the victim's skin.

Antibiotic therapy is mandatory and it should be started as soon as possible after the bite. It must cover gram negative bacilli and anaerobes. Failure of medical therapy may lead to surgical intervention, often leaving limb amputation as the only choice [6].

In our case, timely institution of broad-spectrum antibiotic therapy resolved sepsis and prevented limb amputation.

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Figure 2: Another wound below the knee



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