



## International Conference on ORTHOPEDICS & ADVANCED CARE September 24-25, 2018 | Dubai, UAE

## Primary closure and external fixation of open fracture of the foot from lawn mower injury

Kevin Ragothaman<sup>1</sup>, Mizuo C<sup>1</sup>, Srour J, Park J<sup>1</sup> and Elmarsafi T<sup>2</sup> <sup>1</sup>MedStar Washington Hospital Center, USA <sup>2</sup>MedStar Georgetown University Hospital, USA

This is a case report of a 31 year old healthy male who presented to the trauma bay 2 hours after suffering lawn mower injury from the hallux to the medial cuneiform, resulting in laceration and open fracture. Cefazolin and tetanus ppd were administered upon arrival. Wound was irrigated with betadine-saline lavage upon arrival. Gentamicin and Penicillin G were administered within 1 hour. Neurovascular status and motor function were intact. Operative debridement and irrigation with 9L of saline were performed, along with screw fixation of the medial cuneiform fracture, excision of loose bone from the lateral distal phalanx, primary closure, and external fixation. The patient was discharged in 5 days with neurovascular status intact and no sign of infection. An epidemiologic study in the United States revealed that, of the diagnoses related to lawnmower injuries, 34.4% were fracture of phalanges, while 32.4% were traumatic amputation of toe (1). Prompt administration of intravenous antibiotics and surgical debridement with a traumatic technique is paramount to achieving a good outcome in these complex wounds. Primary closure of these wounds is controversial. A retrospective study of 8 lawn mower injuries to the foot that required surgical debridement has demonstrated the efficacy of primary closure, showing good functional outcome and no readmissions for further surgery (2). We investigate the use of primary closure with external fixation of pedal open fracture from lawn mower injury.

## Biography

Kevin Ragothaman has completed his doctoral degree from Western University of Health Sciences and undergraduate at University of Washington. He is currently a 2nd year resident physician and surgeon at MedStar Washington Hospital Center and Georgetown University Hospital. He has published in reputed journals and has received poster awards from the Diabetic Limb Salvage Conference and the American College of Foot and Ankle Surgeons.

kevin.ragothaman@gmail.com

Notes: