



CASE SERIES: THE WILDLIFE RAMPAGE SURVIVAL

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INTRODUCTION

A human-wildlife conflict is uncommon in Malaysia. It usually leads to succumb due to internal organ injury. The most common part of the attack in human are abdomen and torso. There are two cases happened involving of two gentleman towards attack of Elephant and Hippopotamus in Hospital Melaka and willing to share the survival experiences.

CASE REPORT

A 40 years old Thai gentleman working as wildlife staff was brought to Emergency Department of a District Hospital after a rival of wild elephant while feeding it. The mechanism of injury unsure but the animal aggressively attack with its torn and trunk over the man's left hypochondriac region sustained of penetration wound over the abdomen and exposed the bowel. Upon arrival at Emergency Department, he was intubated due to his GCS was drop and hypotensive. Upon further examination, he was in hypovolemic shock. Adequate fluid resuscitation and 2 pint packed cell were transfused. There was a penetration wound over left abdomen with part of colon exposed. The colon was wrapped to avoid unnecessary loss and dehydration prior awaiting operation there call. The patient was straight brought to Operation theatre from Emergency Department and underwent Exploratory Laparotomy, bowel resection and colostomy. Intra-operatively, there was penetrating wound with intraabdominal content over the left lumbar and midaxillary region. Multiple segment of mesenteric tear with 60cm from Duodeno junction bowel transected, 20cm from Duodeno Junction leading point of mesenteric tear was stapled 55mm, 10cm from T1 healthy bowel however large mesenteric defect opposed with novosyn 3/0. Total of 90cm small bowel resected away, unhealthy and loss of mesentery. There was also serosa tear and opposed with novosyn 3/0 over mid transverse colon. 10cm of large bowel over descending colon resected away with stapler 55mm. Left retroperitoneal nodes structure was shattered. Left kidney normal. Left retroperitoneal exposed major vessel and vertebrae and down to iliac bone. Left wound with transected rectus and internal with external oblique muscle repaired. He was been transferred to ICU post operatively. He was extubated three days later, and transferred out to surgical ward and successfully discharged well after 2 weeks post trauma with proper appointment and regular dressing given. There is another case, a 32 years old Nepalese gentleman was allegedly attack by Hippopotamus at Zoo. He was a driver at the zoo and sending foods to the animal when the attack happen. He was unaware of the animal coming towards him and suddenly bite and attack with its torn. Post trauma, he sustained bleed and multiple open wound over the abdomen. He also complaint of pain over right and left hand and also right leg. Otherwise, there was no loss of consciousness, no retrograde amnesia and no ear nose bleed. He was brought to Emergency Department Hospital District nearby of the zoo. Fast scan was done three times but no obvious free fluid seen. Later on, the case was been referred to Hospital Melaka to rule out intraabdominal injury due to multiple open wound over the abdomen and high impact mechanism injury. Upon arrival at ED, patient's GCS was full and vital signs stable with blood pressure 103/73 mmHg, pulse rate 83 beats per minute, and spo2 100% under room air. He was been referred to General Surgery, then proceeded with CT Abdomen. The findings from CT was extensive anterior abdominal wall injury with superficial soft tissue loss/laceration, associated with mild focal mesenteric contusion and micro-perforation of the small bowel at left lumbar region. There was also mild thickening of UB wall which could be possible contusion in the setting of trauma. He was sustained intraabdominal injury, devolving at left arm and left forearm, open dislocation over right 4th Metacarpal bone, and small punctured wound over right right leg. The patient was then underwent exploratory laparotomy and toilette suturing of abdominal wall wound. Intra-operatively, no bowel injury and proceeded with wound debridement and toileting over the abdominal wound. He was well and discharged from general ward after a week post trauma.

DISCUSSION

Wildlife animal attack is uncommon in Malaysia. There are several factors of wildlife become aggressive and cause harm to human. One of the main reason is when their habitat have been destroyed, deforestation and over-hunting by human. Among the wild animals in Malaysia, tiger and elephants are the most threatened species after the rhinosaurus and frequently cause fatal injury different mechanism of attack such as trampling-stomping might lead to polytrauma involving torso and limbs which leads to fatal. In this particular cases, the mechanism of elephant attack was a trampling while feeding it. The foreigner guy which is a staff of a zoo sustained multiple intraabdominal injury such as mesenteric and serosa tear. He was initially hemodynamic unstable with bowel content exposed. The damage control resuscitation was done and transferred direct to Operation Theatre for definitive laparotomy and proceed with Exploratory Laparotomy and bowel resection. For the other case, the mechanism of Hippopotamus attack was bite and bludgeon the guy. The Nepalese guy sustained multiple open wound over the abdomen and hemodynamically stable upon presentation at Emergency Department. CT Abdomen was done to rule out intraabdominal injury. There was no intraabdominal injury from the imaging done. Patient admitted to ward first and underwent wound debridement and toileting under General Anesthesia. Conservative management was decided after that.

CONCLUSION

Intraabdominal injury due to wildlife animal rampage needs to be always in high index of suspicious for the attending medical officer at Emergency Department. An early adequate resuscitation or for this elephant attack needs for damage control resuscitation including of bowel content wrapping to prevent excessive losses and dehydration. The most important part is the early referral to General Surgery for definitive management either for operation or conservative.