

LETTER TO EDITOR

Regional emergencies, Bam, Kerman province, Iran Foreign Bodies from the Palm Tree

Setareh Asgarzadeh, Mojtaba Jafari*, Masoumeh Moallem

Emergency Department, Pasteur Hospital, Bam University of Medical Sciences, Bam, Iran.

*Corresponding Author: Mojtaba Jafari; Emergency Department, Pasteur Hospital, Baravat road, Bam, Kerman province, Iran;
Tel: +989151404821; Email: mojaf62@yahoo.com

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One of the most common causes of emergency department (ED) visits in Pasteur Hospital, Bam, Iran, is a foreign body from palm tree fronds entering different parts of body. This town is located in southeast Iran and has many palm tree orchards. Most of its residents are farmers or orchardists and many children play in these orchards. When palm harvest season approaches (about the end of summer), a considerable number of patients are presented to emergency department of this town with complaint of foreign bodies. These foreign bodies called "date thorns" among the locals are wooden and can easily penetrate various body parts due to their needle-like, pointy shape. Some patients manipulate the foreign bodies before going to the ED and cause it to move deeper. Another group, delay going to the hospital and only reach ED a few days after the initiation of inflammation, redness, and evidence of infection. History and physical examination aid in finding the place of the foreign body, but sometimes they are not perceptible and diagnostic imaging is needed. Radiolucent objects such as wood cannot be detected in graphy but are visible in sonograms (1, 2). Removal of these bodies is usually performed under sterile conditions, using local anesthesia or regional nerve blockade, by making an incision and searching the region, finding and removing the foreign body, and finally suturing and bandaging. The procedure gets more difficult in children and patients who do not cooperate and occasionally, procedural sedation and analgesia is required, which leads to side effects such as nausea, vomiting, lethargy, agitation, and respiratory depression. Depending on the site of injury, patients are usually unable to use the affected organ for a few days after the procedure and need daily washing and bandage, and sometimes taking antibiotics. If tendon, joint, nerve, or vascular injuries are present, it gets more complicated and need for operation and hospitalization will be added to the afore-mentioned requirements (3-5). This can lead to temporary or permanent disability of the organs during the busiest workdays, in addition to severe pain especially in cases of the foreign body piercing a joint. The presence of these patients in the ED leads to overcrowding and sometimes decreases the time spent on patients in poor condition. This becomes troublesome on occasion as staff and equipment are limited, particularly when sonographic or radiologic guidance is needed for removal of the foreign body (6, 7). In the time between March and October 2014, 240 patients have been presented to the ED with complaint of foreign body, which makes up 10% of total ED visits as 2400 patients visit the ED each month (77.36% male). The patients' age range was 3 to 70 years. In 190 (79.16%) cases, the foreign body was successfully removed in the ED and the other 50 (20.83%) needed surgery. The foreign body was in the lower extremities in 107 (56.31%) cases, upper extremities in 77 (40.52%) and other body parts in 6 (3.15%). These findings emphasize the importance of prioritizing prevention over treatment. It seems that by taking a few simple measures we can vastly decrease the financial and health burdens of this problem: 1- Avoiding walking barefoot on the grounds beneath palm trees that are full of the dry thorns mentioned. This is especially important in case of children. 2- Education for use and providing personal safety tools such as helmets, long impenetrable gloves, glasses, and proper shoes while working and harvesting dates. 3- Having classes for the farmers and orchardists, held by health centers of the regions affected by this problem. 4- Educating the patients on the importance of rapid referral to ED and not manipulating the foreign body to avoid further complications. 5- Train the medical staff of the ED to increase their skills in removing radiolucent objects using sonographic guidance. 6- Educate the families to take more care of the children especially in harvest season. 7- Mechanization of the harvest process to decrease using hands with the aid of respective organizations.