CASE PRESENTATION

In the middle of the night, a young male with no significant past medical history presented from a local detention facility with an unusual chief complaint – entrapment of his right hand in the cell’s stainless steel toilet basin. The circumstances leading to this complaint were unclear, and the hand had been in the toilet for approximately three hours at the time of arrival. When detention facility staff, including a plumber, were unsuccessful in freeing the hand, the patient and the entire toilet and sink assembly were transported to our emergency department (Image). To assist efforts to safely remove the hand, a plain radiograph identified its location with respect to the toilet’s inner structure (Image).

While preparations were being made to cut the toilet with a power saw, approximately 500mL of ultrasound gel was applied to the basin and allowed to seep into the outflow tract. Using firm manual traction, the patient’s hand was then safely freed. Physical exam of the liberated hand revealed water aging but no other anatomical, functional, or sensory abnormalities. A subsequent (more traditional) series of plain radiographs confirmed the integrity of the palmar arches.
radiographs revealed no acute osseous injury; and laboratory
analysis, including creatinine phosphokinase levels, were
within normal limits. The patient and intact toilet were
subsequently discharged to the detention center.

DISCUSSION

While using a toilet may seem like a benign common
process, injuries do occur.1-3 Alternatively, hand injuries are
one of the most common complaints of prisoners requiring
medical attention.4-6 Regardless of patient population, this case
demonstrates an unusual marriage of hand and toilet injuries
requiring medical intervention. The use of ultrasound gel to
liberate the patient’s hand is an excellent example of the
“thinking on your feet” skillset that makes our profession both
challenging and enjoyable.

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