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An Unusual Foreign Body in the Mentum of an Epileptic Case

Epileptik Bir Hastada Mentumda Olağandışı Yabancı Cisim

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Dear Editor,

Cutaneous foreign body penetration is a rare condition usually occuring due to impalement or high speed strike leading to inoculation of foreign body. Most encountered foreign bodies in skin are sharp or high speed materials. Foreign body penetrates the epidermis with it's high kinetic energy and indwells in the subcutaneous tissues. As a result of tissue reaction, a foreign body reaction (granulation tissue formation and giant cell reaction) or epithelisation may occur. Epilepsy is a chronic disease characterized by recurrent seizures in unpredictable times. Epileptic seizures are caused by abnormal electrical discharges in cortical neurons and may lead to loss of consciousness. Convulsions during the seizures may cause severe traumas. Generaly blunt traumas and lacerations especially oral and maxillofacial injuries are frequently encountered. In addition fractures, burns, drowning and even trauma-related deaths can be seen in these patients[1].

In this report, a 23 years old female patient with a history of uncontrolled epilepsy presented to our outpatient clinic with a complaint of yellowish nonhealing infected mass on her chin. Due to her mental retardation history was taken from the parents. From the history we learned that about 20 days ago she had an epileptic seizure while she was alone at home, and her parents found her lying down on the floor in a semiconscious state with a yellowish mass in her chin. Antibiotic therapy (amoxicillin/clavulanic acid) had no effect on the lesion.

In her physical examination, a yellowish, solid mass with a 0.7 cm diameter was observed on her mentum. Peripheral induration and semicircular epithelization on the mass were also noted (Figure 1). Extirpation was performed without using local anesthetics under loupe enhancement in the outpatient clinic (Figure 2). In vitro macroscopic examination of the mass revealed that it was an artificial pearl used for cosmetic purpose. Epithelization occured and contour returned to normal during the follow-up .

A study on 159 epileptic and 68 healthy subjects reported by Nonato and Borges revealed that oromaxillary traumas had significantly higher incidence in the epileptic group[2]. Most encountered skin penetrating foreign bodies are pellets, wood pieces, thorn, sharp plastic materials, fishhook and glass. Penetrated organic materials should be removed because of infection risk. If directly visible foreign bodies can be removed without any imaging technique. If necessary imaging techniques such as direct radiography, CT scan or ultrasound may be helpful[3]. Inspection of skin penetrating foreign body should be done after

maintainance of hemostasis under proper light and augmentation. If the foreign body is directly visible it should be removed in order to prevent possible complications. Sometimes local anesthetics may be beneficial to increase the comfort of both the patient and surgeon[4]. Even though infection is the most common complication of foreign body penetration, unless there is a bite injury prophylactic antibacterial usage is not recommended[5]. Incisions in order to remove skin penetrating and embedded sharp foreign bodies such as needle and glass should be parallel to the foreign body. In deeply located cases wedge resections including the entry point can be preferred. Finally by using the fingertips pushing down on the edges of the lesion foreign body may be extruded and removed.

In our case due to epileptic seizure and loss of consciousness by falling down on artificial pearl the penetration is likely to have happened. Even though the pearl is round and less likely to be penetrating, speed and kinetic energy of the patient during the fall reached an adequate pressure level to penetrate the skin mimicking a firearm injury. In time epithelization took place over the penetrating foreign body yielding a yellow coloured abscess image. Peripheral induration around the foreign body as a result of trauma leaded to a misinterpretation of an infection and antibiotic administration had no regressive effect on the lesion. Foreign body is removed by extirpation in her first appeal under proper light and augmentation without need for local anesthetics or further imaging techniques.

We find it important to emphasize that especially in cases with a suspicion of loss of consciousness meticulous examination of the lesions might protect the patients from unnecessary tests and mistreatments.

Figure 1. Indwelled foreign body in mentum (artificial pearl).

Figure 2. After extirpation of artificial pearl.

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