

Vigilant injuries: Battered adult male in Enugu, Nigeria

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Abstract

The spate of vigilante attacks in Nigeria is on the increase due to questions, which have been raised about the efficiency of the regular policing and the slow pace of the judicial system. This is a case report of E.B. a 33-year-old male, who presented with a 6 day history of multiple machete cuts. Clinical examination revealed a moribund man, conscious, with a Glasgow coma scale of 15/15, pale, with multiple lacerations, deep cuts and fractures over his head, right and left upper limbs and on his right thigh that had necrotic tissue and live maggots. A clinical diagnosis of Assault with infected multiple machete cuts, multiple fractures, transacted patella tendon with floating patella and acquired cleft lip was made. He was resuscitated and managed on an in – patient basis. His fractures were manipulated and reduced, and POP cast applied. His wounds were managed using causal therapy, cleansing, conditioning and closure, and they healed primarily. The maggot colony in his right thigh wound could have been protective. He was discharged and subsequently released to the police after spending 6 weeks in hospital.

Key words: Battered adult syndrome, extra-judicial, maggots, mutilating injuries

INTRODUCTION

Vigilante Injuries are intentional mutilating injuries inflicted by Vigilante Security Guards on their victims aimed at incapacitating and maiming the victims for life. It is a description of the manifestation of battered adult syndrome. The spate of vigilante attacks in Nigeria in on the increase due to questions which have been raised about the efficiency of the regular policing and the slow pace of the judicial system, hence the resort to extra-judicial means. Vigilante victims receive more severe injuries than people assaulted in “ordinary”

interpersonal violent attacks. There is at present, a paucity of information on estimates of the incidence and severity of vigilante assaults. Active collaboration between doctors, community residents, police and policy makers will be needed in this regard (Fokazi, 2014).

The aim of this report was to highlight a battered adult with multiple severe injuries inflicted by a vigilante group, defying any particular pathological pattern and leaves the attending physician to further consultation, reporting and referral.

CASE REPORT

E.B. a 33-year-old male, with postprimary education who presented with a 6 day history of multiple machete cuts. He claimed to be a commercial motorcyclist who was assaulted and robbed of his motorbike by two of his passengers on a lonely road, and abandoned in a nearby bush. He beckoned on passers by who alerted his family and was brought to the hospital. Clinical examination revealed a moribund man, conscious, with a Glasgow coma scale of 15/15, pale, temperature of 37°C, pulse of 120 bpm moderate volume and regular, blood pressure - 100/60 mmHg, respiratory rate of 28 cycles/min, V-shaped laceration measuring 14 cm

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and 10 cm over his parieto-occipital scalp, a linear laceration running from right alae nasi across the upper lip to the contralateral commissure, left upper limb 5 cm deep laceration exposing triceps tendon and two palm lacerations measuring 4 cm and 6 cm [Photoplate I].

He had a right forearm deformity with 7 cm oblique laceration and another 8 cm laceration transecting the deep muscles and tendons with ulna fracture, left 6 cm elbow laceration with forearm avulsion exposing the ulna bone. There was a transverse laceration of the dorsum of the right hand exposing the metacarpals and another over the metacarpal heads from index to little finger [Photoplate II].

There was deep avulsion of skin and muscles measuring about 10 cm × 8 cm × 6 cm on his right thigh with necrotic tissue and live maggots [Photoplate III] and right knee oblique laceration exposing the joint space, left patella tendon transection opening with transverse laceration across the plantar surface of the right foot extending from the lateral to medial foot arches. A clinical diagnosis of Assault with infected multiple machete cuts, multiple fractures, transected patella tendon with floating patella and acquired cleft lip. Clinical photography was taken, and a police report requested following extent of mutilation. Investigation results showed a plasma cellular volume of 24%, normal urinalysis and an X-ray that revealed left floating patella, spiral right ulna fracture, three pellets in soft tissues of the right thigh and fractured 2nd, 3rd and 4th metacarpals. He was resuscitated with Ringer's lactate, tetanus toxoid, rocephin, gentamicin, and metronidazole. Fractures were manipulated and reduced, and Plaster of Paris (POP) cast applied. His wounds healed primarily, and after spending 6 weeks in hospital he was discharged and subsequently released to the police for further interrogation on their request.

DISCUSSION

A healthy community and police relations are essential to reach a balance where the law is protected, while allowing the community to organize and protect themselves according to Forgas (Fokazi, 2014). The unpredictable judiciary system in the country have made the communities take laws into their hands and thereby resorting to jungle justice as with some vigilante groups in order to achieve desired results. Reversal to orderliness may mean disbanding vigilante groups who violate human rights while allowing the police to supervise activities that operate within the law (Fokazi, 2014). But this may be difficult in some cases such as the "civilian joint task force" setup to guard against the Boko Haram sect in Nigeria. Compared with nonvigilante assaults, vigilante attack victims are more likely to be referred to tertiary hospitals and experience "crush syndrome" although their prognosis are similar (Fokazi, 2014). As in this case, most individuals assaulted by vigilante groups were men



Photoplate I: Face and upper limb injuries



Photoplate II: Injury to dorsum of right hand



Photoplate III: Injury to right thigh showing necrotic tissues and live maggots

aged between 18 and 61 years (Fokazi, 2014). Despite request for a police report on the presentation, the patient's relations were evasive about police intervention.

Wound therapy is usually directed at healing primarily depending on the etiology. The extensive multiple lacerations on this patient who was an armed robber arrested posttraumatically inflicted by the vigilante security guard:

The delay in presentation implies that the patient was not seen within the golden hour period. The presence of a microorganism within the margins of the wound does not always indicate wound infection (Haurly, 1980). Some bacteria produce proteins that kill or inhibit the growth of other bacteria while in other instances produce a variety of metabolites that inhibit the multiplication of other microorganisms (Kunisa *et al.*, 1997). That after wound closure in this patient wound healed uneventfully could imply some protective colonization and that he also had a strong immunity. The maggot colony could also have been protective. Maggots of green bottle fly have been used extensively as maggot therapy in the form of biological debridement of wounds (Thomas *et al.*, 1996; Pechler and Sherma, 1983). Proposed mechanism of action of larval wound healing include the larval secretion of proteolytic enzymes which liquefy the necrotic tissue, actual ingestion of the necrotic tissues by the maggots, alterations of the pH of the medium by secretions from the maggots, bacterial destruction in the alimentary tract of the maggots and the stimulation of granulation tissue formation by the crawling action of the larvae (Weil *et al.*, 1993; Thomas *et al.*, 1996).

CONCLUSION

Extra-judicial means as a way of seeking redress in cases of criminality are beginning to be common

place in the Nigerian society. Further consultation, referral, notification of law enforcement agencies give indication of the Physician's preparedness in handling vigilante injuries. A better outcome of the management may entail the use of "crude methods" such as maggot therapy.

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