## ANOTHER UNUSUAL INDEX **FINGERTIPAVULSION**

Dear Sir.

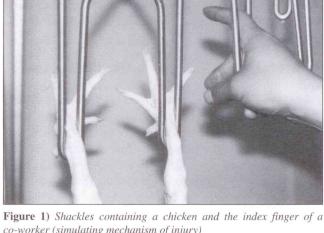
We really enjoyed the article by Drs Li et al (Can J Plast Surg 1994;2(1):39-40). Quite interestingly at that same time we were asked to see a patient with a similar condition in our emergency department.

The patient was a 37-year-old right hand dominant male who worked in a poultry slaughterhouse. He was cleaning the shackles while standing on a ladder. He lost his balance and fell off the ladder. However, his finger got caught in a shackle (Figure 1). He sustained an avulsion of the middle and distal phalanges. The avulsed fingertip had the entire flexor digitorum profundus tendon attached to it (Figure 2). Interestingly, the first dorsal interesseous was also attached to the avulsed part. The patient underwent an amputation revision.

The patient did well in a rehabilitation program. At one month follow-up, the patient had only mild forearm pain and fingertip sensitivity. We were quite satisfied with this result (Figure 3) and the patient was planning to return to work six weeks post injury.

> Dr M Weinberg and Dr E Khairalia Department of Plastic Surgery University of Toronto Dr J Mahoney St Michael's Hospital Toronto, Ontario

Correspondence: Dr J Mahoney, Chief Plastic Surgery, St Michael's Hospital, 30 Bond Street, Toronto, Ontario M5B IW8



co-worker (simulating mechanism of injury)

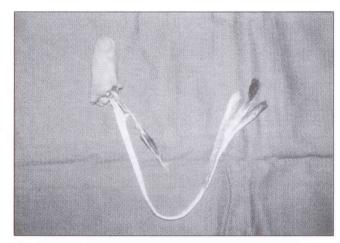


Figure 2) The avulsed part contained the middle and distal phalanges as well as the entire flexor digitorum profundus tendon

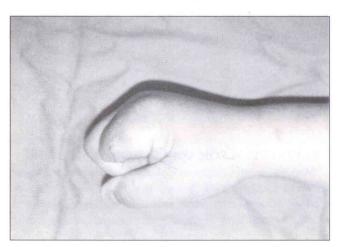


Figure 3) Amputation stump, in maximal flexion, one month post injury

Readers are encouraged to submit letters on all aspects relating to plastic surgery, on the understanding that they may be subject to amendment at the Editor's discretion

Editor