

# A Case of Snooker Cue Injury

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## Citation

A Singh, H Kumar. *A Case of Snooker Cue Injury*. The Internet Journal of Surgery. 2003 Volume 5 Number 2.

## Abstract

Penetrating trauma to male external genitalia is rare and furthermore has not been reported in children. We report a case of this rather unusual injury. No mention has been found of this type of injury in the literature

## CASE REPORT

An 11-year old boy presented to Accident Department with a snooker injury to his scrotum sustained by falling off a high chair onto the cue tip. There was no history of any fight or suspicious intent.

On arrival, he was alert and fully conscious. No other injury was identified. He was haemodynamically stable and was covered for tetanus.

Genital examination revealed a penetrating injury to the left hemi-scrotum through the base with exit point over the supra-pubic region with the snooker cue in situ (Figure I & II). No bleeding from the urethral meatus was identified. Abdominal examination revealed no signs of peritonism. Chest examination was normal. Abdomen and Chest X ray were normal.

## Figure 1

Figure I: showing the entry and exit point



## Figure 2

Figure II: showing the snooker cue transversing through the hemiscrotum



Intravenous antibiotics were administered. Every attempt was made to keep the boy calm and the cue immobile.

The patient was taken to theatre and the wound was explored. Cord and testis were intact and no communication with the abdominal cavity was found. The wound was closed over a corrugated drain. Urethral catheterization was performed to exclude any injury.

Post-operatively, intravenous antibiotics were given for 24 hrs and then oral to complete the course. The corrugated drain removed next day.

Further follow-up: No further problems were reported and the wound healed well.

## DISCUSSION

Penetrating injury to the scrotum is uncommon and the

nature of this injury is unique. There has been no mention of this type of injury in children in a literature review. Of the 40 patients reported, 36 were gunshot wounds and 4 stab wounds [1] and one isolated case of landing on a broomstick [2]. Usually not serious in itself it may be associated with other more serious conditions. [2] [3].

No attempt should be made to remove the foreign object in the Emergency department. Furthermore, one should be vigilant about associated injuries and the patient should be observed in hospital for a period of time.

Early surgical exploration with conservative debridement is recommended [1]. In all cases, the entire tract should be explored to its terminus to search for other injuries [2]. Penetrating injuries have a lower mortality rate, possibly due

to a higher index of suspicion and fewer delays in operating [3].

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