Needlestick injury to a patient

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A 49-year-old, diabetic woman was admitted to the wards to search for the etiology of proteinuria. She was diagnosed to have Type 2 diabetes 16 years ago and had been using insulin from that time. She had diabetic retinopathy and neuropathy. She described paraesthesia in the hands and feet. Neurological examination revealed glove and stocking type of loss of sensation. There was no motor deficit, however, deep tendon reflexes were slightly depressed. On the fourth day of her hospitalization, the patient complained of sudden onset left arm pain. There was no history of trauma and also no significant finding on physical examination. Four hours after her pain started, an erythematous area occurred on the left arm with warmth. Examination with the magnifying glass revealed a red point in the center of the erythema, however there was nothing on palpation. Since the patient had an ongoing pain, an X-ray of the left arm was obtained. A sewing-needle was seen in front of the humerus [Figure 1], which she had used to fasten her gown before sleeping since the button was lacking. The needle was pulled out with local anesthesia.

Discussion

Some of the possible causes of upper arm pain are diabetes, peripheral artery disease, peripheral neuropathy, chemical and heat burn, peripheral nerve trauma and compression, tendonitis, fracture, muscle strain, brachial plexus injury, cerebrovascular accident, and upper arm injury. Diabetes by itself or through its complication may cause pain on extremities, however, even if an underlying cause seems probable, other possible etiologies should be investigated. In this case, the importance of listening to the patient’s complaints and trusting in what she said proved vital.

Needlestick injuries are usually accepted as risk factors for healthcare workers and hospitals try to ensure safe practices in order to prevent these accidents. However, an unexpected needlestick injury may well happen to a patient. To see the problem from the other side, patient safety should be assured by informing the patients about the potential risks of their own daily practices.

Figure 1: Needle opacity on the humerus

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