

Bilateral Transfemoral Amputation in a 45 Day Old Secondary Infant to Traditional Treatment in a Developing Country

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DOI: [10.36347/sasjs.2021.v07i06.018](https://doi.org/10.36347/sasjs.2021.v07i06.018)

| Received: 14.05.2021 | Accepted: 20.06.2021 | Published: 23.06.2021

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Abstract

Case Report

Lower limb amputations are well known with various etiologies. In contrast, bilateral variability secondary to traditional treatment, especially in infants, has received little attention in the literature. The WHO estimates that 80% of rural populations living in developing countries rely on Traditional Medicine for their health needs. We report the observation of a bilateral transfemoral amputation in a 45-day-old infant initially treated by a traditherapeute for swelling of both thighs. The treatment consisted of bilateral restraint with traditional splints, which developed into ischaemic gangrene of both lower limbs during 28 days of restraint, which led to a consultation at the Gabriel Touré University Hospital in Bamako. Faced with this dreadful situation, an amputation was immediately carried out to save the life of the innocent infant. The traditional treatment, despite the damage it causes, is practised everywhere in Africa. The authors plead for information and sensitisation of the population on the danger of this practice. They recommend to the public authorities and to national and international institutions working for the well-being of children, the urgent need to put in place a regulation of these anarchic and co-pilot practices which are a great source of handicaps in our population and moreover among children.

Keywords Traditional treatment - Gangrene - Amputation.

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I. INTRODUCTION

Lower limb amputations are well known with various etiologies. In contrast, the bilateral variety secondary to traditional treatment especially in infants has received little attention in the literature. The WHO estimates that 80% of rural populations in developing countries rely on traditional medicine for their health needs [1]. In Mali, the vast majority of the population still rely on traditional medicine for their health concerns. We report the observation of a bilateral transfemoral amputation in a 45-day-old infant secondary to traditional treatment in a developing country.

II. OBSERVATION

D.D. was 45 days old and had been vaccinated up to date. He was the victim of an undetailed fall

from According to the mother, this fall caused a swelling of both thighs before which the infant was brought to the village traditherapeute. The latter would have put in place a traditional restraint on both limbs after a massage based on shea butter mixed with traditional portions. The child's family continued with this treatment for 28 days, which was the time limit given by the traditherapeute for the removal of the traditional restraint. The evolution was marked by a gangrene of the two infected lower limbs with a state of fever before which he was admitted to the emergency department of the CHU Gabriel Touré of Bamako for better care. On admission he was conscious, hemodynamically and respiratorily stable, with a fever of 40°C, pale, and bilateral gangrene of both infected lower limbs from the knees to the toes (fig. 1 and 2).



Fig- 1: Clinical picture of the member on admission



Fig-2: Clinical picture from member to block

The patient was admitted to the operating room 3 hours after an emergency check-up and transfusion, under general anaesthesia, we performed a transfemoral amputation of both limbs with complete closure of the left stump and directed healing for the right one (Fig. 3).



Fig-3: Image of stumps with complete closure on the left and directed healing on the right

The postoperative course was simple. The hospital stay was 15 days with weekly follow-up consultations. The stumps healed well with no signs of infection and a good general condition.

III. DISCUSSION

Limb amputations after traditional treatment are a common practice in developing countries, unlike in developed countries. We were shocked by the extent of the phenomenon during our internship in the trauma and orthopaedic department of the Gabriel Touré University Hospital in Bamako.

The literature reports cases of amputation at all ages and over long periods of time [2]. Onuminya *et al* [2] in their series of 20 children, performed 25

amputations in 10 years. Bickler *et al* [3] in 29 months received 9 cases in The Gambia. It is therefore a public health problem. The absence of regulations and the lack of a relationship between modern and traditional medicine could explain this phenomenon, which is so traumatic in the life of a human being, especially an infant, who has no idea of the extent of what he or she is undergoing at this age, with consequent repercussions for his or her entire future life. During the constitution of the ischemic syndrome by the traditional immobilization, the children endure an unimaginable atrocious suffering, but their complaint is never understood by the parents nor by the traditherapeutes. This crying is considered to be a child's caprice [3]. It was the necrosis of the limb later on, together with the bad smell that prompted the family to consult for our case. These amputations could have been avoided if traditherapeutes had been trained to recognise the signs of limb ischaemia. Eshete *et al* [4] in Ethiopia trained traditherapeutes to recognise the signs of limb ischaemia following a number of amputations after traditional treatment. The evaluation of their training after one year showed that the number of amputations in the regions where the traditherapeutes had been trained had halved. In Nigeria, the collaboration between modern and traditional medicine and the supervision of traditherapeutes by official texts for decades have made it possible to reduce this regrettable complication [2, 5, 6, 7]. Traditional treatment is allowed but only by government-trained traditherapeutes and is subject to licensing by the Nigerian government. This option could be an alternative for an uncontrolled practice in an area where the population will never be able to abandon traditional treatment. Some people admit to resorting to these practices due to the high cost of modern medicine which is not within their means on the one hand and on the other hand to the belief in traditional practices which have been passed down through the generations for decades and of which some have now become practitioners just to earn a living without any knowledge of this tradition.

IV. CONCLUSION

Despite the damage they cause, traditional treatments are practised throughout Africa. The authors call for information and awareness-raising among the population on the danger of this practice. They recommend to the public authorities and to national and international institutions working for the well-being of children, the urgent need to put in place a regulation of these anarchic and co-pilot practices which are a great source of handicaps in our population and moreover among children.

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