

Skin Lesion at the Elbow Crease Revealing Forearm Compartment Syndrome Secondary to a Traditional Jbira

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Clinical Image

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A 16-year-old patient with no past medical history was admitted to the emergency department 7 days after application of a Jbira by a traditional practitioner for a closed mid-diaphyseal fracture of the left humerus. The Jbira was made of multiple layers of non-elastic fabric and pieces of cane, secured by circular tightening. Upon removal of the bandage, examination revealed diffuse edema extending from the arm to the fingers, severe pain on palpation and on passive finger stretch, skin lesions at the elbow crease and on the arm, hypoesthesia of the first three digits, and paresis of the finger flexors. The skin lesion at the elbow crease corresponded to the point of maximal pressure exerted by the fabric knot against the cane pieces. A diagnosis of acute compartment syndrome of the forearm was made. Emergency fasciotomy of the anterior and posterior compartments was performed. Postoperative recovery was uneventful, with partial sensory recovery at 3 months.

The Jbira, even when made with rudimentary materials (fabric and cane), can cause compartment syndrome through external compression. The presence of a skin lesion at the elbow crease should immediately raise suspicion of this complication and prompt rapid compartment pressure measurement or even urgent fasciotomy without delay.



X-ray of the arm showing the fracture of the left humerus



The jbira, removed upon admission, consisted of several layers of inextensible fabric wrapped around the forearm, reinforced by several small pieces of plant cane serving as rigid splints. The whole thing was impregnated with a henna paste (*Lawsonia inermis*) which, upon drying, stiffened the entire bandage.



Comparative image of the two upper limbs showing the major edema on the left side



Significant edema of the right upper limb, with shiny skin. Superficial ulceration with irregular borders at the elbow crease, with multiple skin lesions on the arm. This location is typical of prolonged external compression exerted by traditional fixation