

## Cosmetic Look of a Severely Injured Patient Following 14 Years of Attack of The Royal Bengal Tiger- An Old Story With Recent Appearance

\*Faruquzzaman,<sup>1</sup> Mazumder SK,<sup>2</sup> Hoque MJ<sup>3</sup>

The objective of this case reporting is to highlight the cosmetic appearance, severity and some aspects of follow up of a severely injured patient about 14 years back following attack of the Royal Bengal tiger. And to fulfill this particular view, some images of the victim are placed here to depict the situation more accurately. Adequate and proper informed consent had been taken from the victim before this report was submitted. Let us have a look 14 years back. 1<sup>st</sup> November 1999. A young man of 21 years has got admitted in Khulna Medical College Hospital, Bangladesh who was a fisherman of coastal zone of the Sunder bans, Bangladesh. His skin, soft tissue and bones over face were massively damaged due to an attack of the Royal Bengal tiger of the forest zone of the Sunder bans. After 2 years continuous suffering in the hospital, he was discharged and advised to come for follow up and further management. In 2009, he came to the Hospital of Khulna Medical College, Bangladesh with the complaints of developing abscess of parotid gland. It should be mentioned that he had a similar episode of attack of parotid infection for another time over the last 14 years and he got himself admitted in the hospital for different clinical complications of his injured site over this period. The goal of this reporting is not to present the complications or any such relevant, but to place the horrible cosmetic appearance of the patients even after long 14 years suffering.

[Dinajpur Med Col J 2014 Jan; 7 (1):69-71]

**Key words:** Tiger, cosmetic, surgery

### Case Report

About 12 years ago, a 21 years old fisherman had an attack of the Royal Bengal tiger while sleeping in a boat in the forest zone of the Sunder bans. He had a devastating injury of his facial region and got admitted in Khulna Medical College Hospital with

a life threatening condition. After the initial treatment following the ATLS guideline,<sup>1</sup> secondary survey was done and treatment was given accordingly. Within very short period of time, the patient developed SIRS, MODS<sup>2,3</sup> and panophthalmitis of his left damaged eye which was then surgically removed (evisceration).

1. \*Dr. Faruquzzaman (MBBS- CMC), MRCS part 1(England), (FCPS, part 1 General surgery- BCPS, Bangladesh), (MS course student, General surgery, BIRDEM Hospital, Dhaka, Bangladesh) [drfaruquzzaman@yahoo.com](mailto:drfaruquzzaman@yahoo.com)
2. Professor Dr. Saroj Kumar Mazumder, Director, NIPSOM, Dhaka, Bangladesh.
3. Prof. Dr. Jawadul Hoque Professor and Head of the Dept. Community Medicine, Rajshahi Medical College, Bangladesh

\* For correspondence



Figure 1. Cosmetic look of the patient after 14 years on his last admission at Khulna Medical College Hospital, Bangladesh

After 2 years continuous treatment in the hospital, when the patient condition was better, he was discharged with advice. And after this he took admission in hospital for several times for different types of complications for the next 10 years and during this period, he had a partial thickness skin graft over his injured area and his nose was reconstructed. Now at his current admission in Khulna Medical College Hospital, he had a complaint of having parotid abscess with thick purulent discharge and it was drained. As

the ultimate objective of this case reporting is just to place the patient's external appearance after 12 years before light, so much details of the treatment in his current admission is not describe here. Confidentiality of sensitive records was maintained strictly with proper informed consent from the patient.

### References

1. ATLS Student Manual, 7th ed. American College of Surgeons, 2003
2. Bone RC, Balk RA, Cerra FB, Dellinger RP, Fein AM, Knaus WA, Schein RMH, Sibbald WJ. Definitions for sepsis and organ failure and guidelines for the use of innovative therapies in sepsis. *Chest* 1992; 101:1644–1655
3. Knaus WA and Wagner DP. Multiple systems organ failure: epidemiology and prognosis. *Crit Care Clin* 1989; 5:221–232