

- you are in-charge of an emergency department where the closest tertiary hospital is 400 km away,
- a 12-year-old boy is brought to your department following dog bite to face;

- filling the table below, list some differences between dog bite and cat bite:

	dog bite	cat bite
micro-organism involved	polymicrobial: S. aureus Streptococci, Klebsiella, Pseudomonas enterobacteriaceae	<i>pasteurella multocida</i>
wound characteristics	large, relatively superficial crush injuries, damage muscle and skin, rarely tendon, bone, joint, nerve	typically puncture wounds, can penetrate tendon, joint and bone
risk of infection	overall risk of infection is 5-10% (non-bite wounds sutured in ED has infection risk of 3-7%)	reported incidence of infection in cat bite is 30-50%

- what are the risk factors for infection in bite

1-Species: Cat, human, pigs high risk (versus Dog, rodents: low risk)

- 2- Location: hands, lower leg and joint: high risk (versus face and scalp: lower risk)
- 3- Wound type: extensive crush, puncture, delay in presentation (> 10 hours): high risk
- 4- Host: underlying illnesses (e.g. DM, PVD), using steroids, immunosuppressants, elderly

- what are the general recommendations for wound repair in animal bites:

	suturing	antibiotics
Dog	All +/- hands and feet (unless high risk)	high risk only
Cat	Face only	All

- what are the indications for delayed primary closure/ healing by secondary intention in dog bite?
- lower extremity/ hand wounds
- puncture wounds
- contaminated wounds, old wounds (> 12 hours), wounds already infected
- patients at higher risk of infection/ poor wound healing