

## Small Bowel Evisceration through the Groin by Penetrating Bull Horn Injury

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### 1. Clinical Image

A 52-year-old man was admitted to the emergency department for penetrating trauma in the upper part of his left thigh. This man was a shepherd and the circumstance of the trauma was a horn injury by a bull of his flock. His blood pressure was normal. The examination found an oblique linear wound with a length of approximately 8 cm, non-hemorrhagic at a depth of 12 cm (Figure 1). There was also a small bowel evisceration at the bottom of the wound (Figure 2). An exploration under general anesthesia confirmed evisceration without intestinal perforation, through a parietal defect in the inguinal ligament with an intact spermatic cord (Figure 3). The treatment was, after reduction of the intestine, a parietal repair by a suture between the conjoint tendon and the Cooper ligament. The postoperative course was uneventful after a follow up of 3 months.



**Figure 1:** Oblique linear wound of the groin

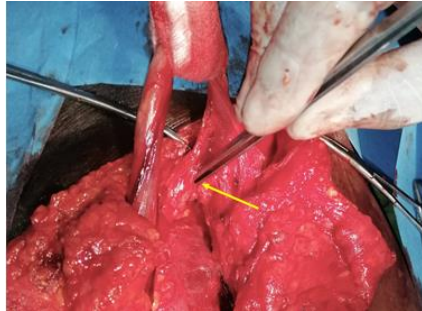


**Figure 2:** Small intestine evisceration (arrow)

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Bullhorn injury is characterized by its particular mechanism. The thigh is the most affected region due to exposure to bull horns [1]. These wounds are described as deep and often with a bottom-up direction [2]. This explains the point of entry in the thigh and the occurrence of muscular and aponeurotic lesions of the groin that led to evisceration in our patient. This is an exceptional clinical situation and we found only one case described in the literature [3]. The treatment consists of a repair of the organ lesions if they exist, followed by the parietal repair.



**Figure 3:** Parietal defect (arrow) with intact spermatic cord

## References

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