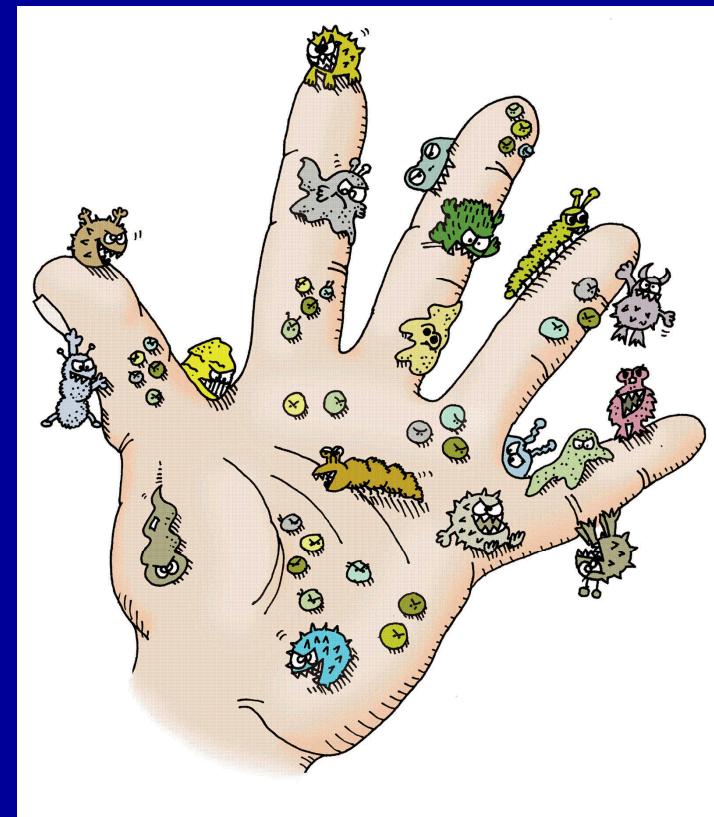


# Hand Infections



# Introduction

- Common
- Minor
  - Complete resolution
- Severe
  - Significant long-term compromise of hand function

# Causes

- Bacterial
- Neglected minor wounds
- Inadequate / delayed treatment of primary injury
- IVDA, DM, Immunocompromised

# Bacteriology

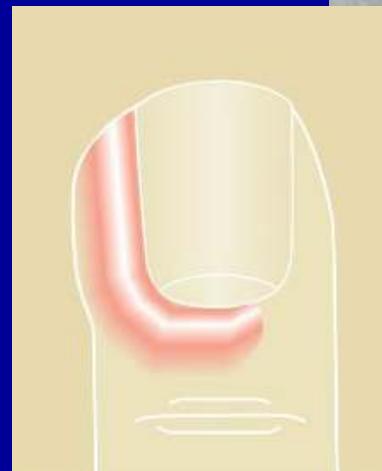
- *Staph aureus*
- *Strep viridans*, beta-haemolytic strep,  
*mycobacterium tuberculum*
- IVDA / bites – anaerobes
- Human bites – *Eikenella corrodens*
- Cat / dog bites – *Pasteurella multicoda*
- Marine / fish tanks – *mycobacterium marinum*

# Principles of Management

- Early Diagnosis
- Non-operative
  - Splintage
    - Wrist ext 15-30, MCP flex 70-90, IP ext
  - Elevation
  - Antibiotics
- Surgery
  - Incision & drainage
  - Anatomy
    - nail, digital NV bundles, deep palmar spaces
- Intensive hand therapy

# Paronychia

- Penetrating, nail biting
- Nail / nail fold
- Pain, swelling, erythema
- Staph aureus (oral flora)
- I & D
  - +/- nail removal
- Chronic
  - Immersion
  - Fungal (candida)
  - Antifungal +/- nail excision



## Carbuncle

- Dorsum of hand
- Infected hair follicle
- I & D



## Felon

- Pulp space infection / abscess
- Penetrating injury
- S. aureus, strep, anaerobes
- Compartments & septa
- Infection → ↑ pressure → pain & tenderness → fat & skin necrosis
- I & D (border, rupture septa)



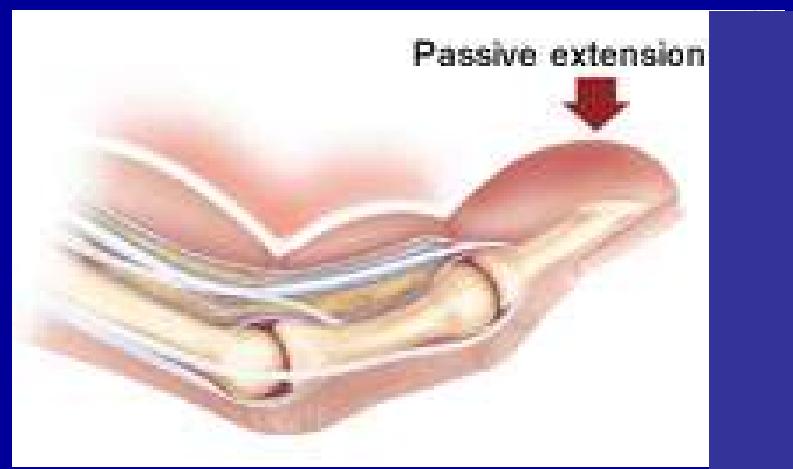
# Flexor tendon sheath infection

- Pyogenic Flexor Tenosynovitis
  - Serious
  - Disability – stiffness
- 
- Penetrating injury,  
“minor” volar laceration
  - Staph aureus



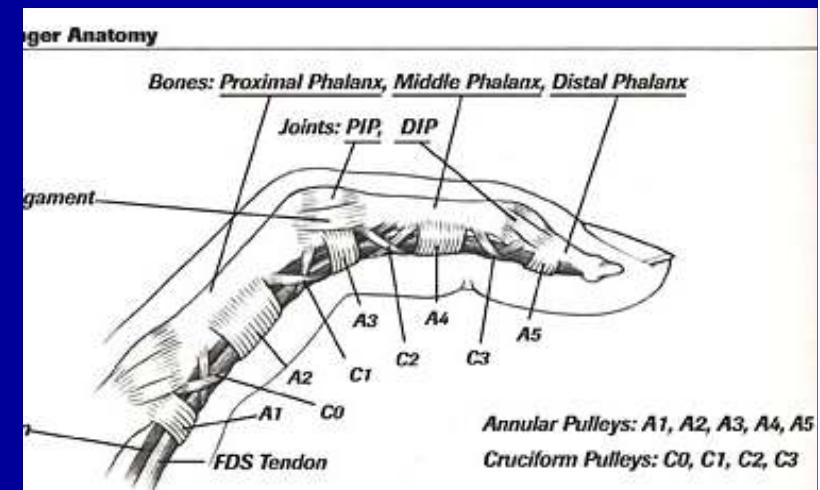
# Kanavel Signs

- 1912
- Fusiform swelling entire digit
- Finger held semi-flexed
- Tenderness along tendon sheath
- Severe pain on passive extension



# Flexor tendon sheath infection

- Scarring, adhesions & stiffness
- Pressure →
  - ↓ tendon blood supply → tendon necrosis
- Surgical decompression
  - DIPJ & A1 pulley
  - Irrigate through sheath
- ABx, Splintage, physio



# Interdigital Infection

- Web space skin – can spread:
  - Web space
  - Via lumbrical canal → deep palmar area
- I & D web space



# Palmar space infection

- Direct penetration
- Spread from more distal sites
- S aureus, strep
- Deep palmar space
- Swelling may be dorsal
- Unwell, pain (palmar pressure)
- Uncommon
- May point as abscess
  - Thorough exploration - look for deeper extension
  - Digital nerves, vessels

## Septic arthritis

- Penetrating injury
- Swelling, effusion, erythema
- Reduced movement – painful
- Arthrotomy, washout, debridement

## Osteomyelitis

- Pain, erythema, swelling
- Staph, strep
- Children – haemophilus influenzae
- Debridement – Remove sequestrum & devitalised bone

# Bites

- Human “Bite” – MCPJ
  - Fist vs teeth
- Polymicrobial, anaerobic
- Gram -ve anaerobes
- *Eikenella Corrodens*
- Rapid swelling & erythema
- Joint irrigation
- Splintage
- ABx
  - penicillin, metronidazole



# Animal bites

- Wound debridement
- Penicillin V
- Cats / dogs
  - *pasteurella multocida*
  - Gm –ve bacillus
  - penicillin sensitive



# Strep Cellulitis

- Strep Pyogenes
  - Infection not localised
  - Unwell
  - Pain, marked swelling whole hand
  - Ascending lymphangitis
- 
- Splintage, elevation, iv penicillin
  - 24-48 hrs – look for pus collection

# Summary

- Well treated
  - rapid & complete resolution & restoration of function
- Poorly managed
  - Delayed / prolonged / incomplete recovery
  - Permanent incapacity





# Discussion