

Letters to the Editor

PROPER REMOVAL OF FISH HOOKS IN THE EMERGENCY DEPARTMENT

To the Editor:

I would like to point out two errors in the article "Management of Foreign Bodies in the Emergency Department" (Nagendran T: *Hospital Physician* 1999; 35[9]:27-40). First, the technique presented for removal of fish hooks is an old one. Fish hooks can be safely removed using the more recent "string pull technique." In this procedure, a piece of string is placed around the throat of the hook (the point of maximum curvature of the shank) and downward pressure is applied to the mid-shank. The hook is then simply pulled out by a rapid, firm pull on the string.¹ However, for deeply seated fish hooks and those involving tendons, the method described by Nagendran is still preferred.

Second, the article states that antibiotics should be routinely used in these patients. To my knowledge, no evidence that the use of antibiotics in this situation prevents infection exists. These wounds tend to be relatively superficial and are unlikely to become infected.

I feel that it is important for your journal to be as up-to-date as possible on the current treatment recommendations and that these recommendations should be based on the current available evidence.

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In reply:

I thank Dr. Mayer for his comments. I am very well aware of the technique he describes. When I learned the "string pull technique" in 1997, I tried it on two different patients without success. On the other hand, as a practicing surgeon since 1968, I have used the wire cutter technique on more than 200 patients without any failure. I have also known many other surgeons and emergency department physicians who prefer the wire cutter technique over other techniques.

All fish hook wounds are contaminated wounds and carry a risk of wound infection. Therefore, prophylactic use of antibiotics is justified.

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REFERENCES

1. Tintinalli JE, Ruiz E, Krome RL, eds: *Emergency Medicine: A Comprehensive Study Guide*, 4th ed. New York: McGraw-Hill, 1996:300-301.