

Straight from the crocodile's mouth

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We present a case of an older patient who sustained dental trauma during a break-and-enter and assault at his home in Broome, Western Australia. Cruelly nicknamed "Fatso" from a young age, our patient was an 80-year-old gentleman who lived on his own in a care facility, in close proximity to individuals in similar circumstances. Despite weighing 800 kg and being 5 metres tall, the patient was able to mobilise on all four limbs, and was self-caring apart from receiving a daily meal service similar to that of "Meals on Wheels".¹

The assailant sat on top of the patient, who bravely fought back by biting the assailant's knee. This caused damage to the patient's teeth. He was unable to mount a more vigorous response, as it was a cool night, which rendered him more lethargic than usual.

The patient was a vague historian, but there were no noticeable complaints of pain or any behavioural change. Blood tests were not performed because of the difficulty of penetrating the patient's extremely tough skin.

The patient made a remarkably swift and uncomplicated recovery, restarting his normal high-protein (mostly whole-chicken) diet after a brief period of observation.

This was in stark contrast to what followed for his assailant, whose history we also briefly present.² He was taken into clinical custody, where it was discovered that the patient's tooth had penetrated his knee joint capsule, as well as causing several deep irregular lacerations. The assailant required a prolonged hospital admission after developing fever and septic arthritis.

Despite repeated attempts to culture the assailant's blood and joint aspirates, the cultures did not grow any organisms. To assist in his treatment, the hospital's Infectious Diseases Department requested swabs from Fatso's mouth, teeth and tongue to attempt to identify the likely cause of the infection. This was achieved during a home visit, with specially modified swabs (see Box) and a degree of trepidation. The mouth swabs grew *Aeromonas hydrophila* and *Trichosporon asahii*, consistent with the predominantly gram-negative and fungal microorganisms expected. The organisms were found to be sensitive to meropenem, vancomycin and ciprofloxacin. These findings were used to tailor the antibiotic therapy for the assailant.

The patient generously cooperating in helping determine effective treatment for his assailant



The assailant made a slow and difficult recovery, with ongoing fever and joint inflammation. He was transferred to a metropolitan hospital for further treatment.

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