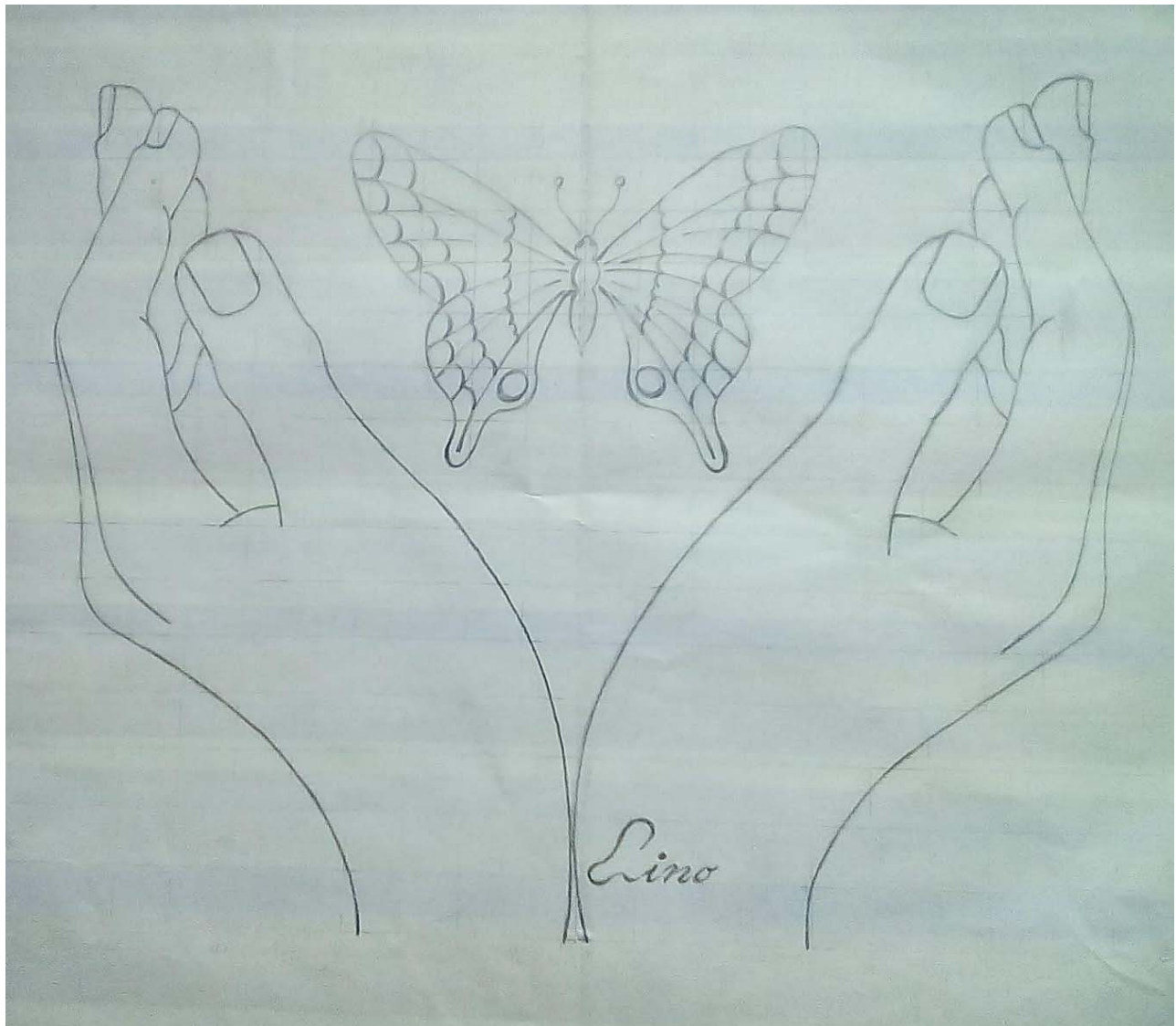


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A STRANGE CASE OF ELECTROCUTION

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ABSTRACT

Background: The Electrocution, also known as shake, is commonly due to the passage of a strong electric tide through the human body. (1) This event can determinate external lesions like erythema or lesion of the nervous system like muscular rigidity or paralysis but this shake can be absorbed without consequences. The passage of the electricity through the human body can determine numerous temporary or permanent lesion, alterations and produces a direct action on the blood vessels and the nervous cells (during the state of shock) and it can determine permanent alterations in the cardiac system, in the cerebral activity and in the central nervous system. It can damage the auditory or the visual apparatus. Low-voltage currents have a prevalent impact on the heart and blood circulation while high-voltage currents on the bulbar nerve centers. Wet skin is less resistant to the passage of electricity and even a low-voltage current becomes harmful because humidity increases the effect of volts by about 10 times. **Aim:** The aim of the present Case Report is to underline the acute effects of electrocution in a young people during the activity daily living. Therefore we report below a detailed clinical case report of a strange case of electrocution. **Case Report:** In April 2017 we have visited in the First Floor of the Alfredo Fiornini Hospital of Terracina, Latina, Italy, the patient B.O.L. She is 45 years old and refer a domestic accident due to a electrocution while she touch the her washing machine and the international literature reports a rare case of electrocution involving triceps (2). The patient refer that after the touch on her washing machine she have an accidental electrocution involving the tip of the tongue. At the first objective examination general conditions were good, sensory system is conserved, psyche are not involved in the electrocution, subcutaneous tissues are normally represented, muscular system is normal. The body temperature is of 36°C, the heart rate is about 105 beat per minutes, the respiratory rate is 18 acts per minute with a regular breath rhythm. The arterial blood pressure is 145/80 mmHg and the Glasgow .Coma .Scale. is 15 point. During the permanence in the First Floor, the patient has performed a Thorax Radiography that not underline any significant alteration of the lung. The cardiac images were normal for the age of the patient. Laboratory Exam have underlined an inflammatory condition with a C-reactive protein (CRP) value of 2,58 mg /dl), neutrophil cells have a value of 8,13 x10³/mcL and monocyte cells are about 0,97 x10³/mcL. The Troponine with high sensibility had a value of 0,065 ng/ml and the

Creatine Phospho Kinase have a value about 423 g/l) , therefore the patient undergone to an electrocardiogram trace registration for a cardiological evaluation. On the electrocardiogram trace we have noted a sinus rhythm about 79 bpm. After the first parameter evaluation the patient undergone to a ORL consultancy that underline the present of a large necrotic lesion on the tip of the tongue. the tongue remain regularly in the axle and the ulcerated lesion interest the tip and the body of the tongue. During the permanence in the First Hide Room the patient undergone to anti-inflammatory treatment to reduce the pain and anti-histaminic drugs to reduce the risk of allergic drug reaction(tab.1). The patient is also subjected to specific drugs for tongue tip injury (tab.2). Were used: the gauzes with DOBETIN, CORTIFLUORAL and STOMATOVIS applied to the tip of the tongue. **Results:** The poor observation of the main safety rules during the normal activities of daily life can cause serious physical damage to the person affected by electrocution or electrocution. only a fortuitous coincidence as the water presents on the palm of the hand allowed to decrease a preferential route for the passage of the electric current and averted a fatal damage for the patient. **Discussion:** The electrocution due to a high voltage direct current, that often invests the bodily (phenomenon of "flashover") surface with least interest of the inside organs; this explains the tall rate of survival (70-90%) of the stricken subjects as in the case of the patient B.O.L. The electrocution is able to induce spasms on the cardiac (fibrillation) muscle, in case of cardiac interest nevertheless an immediate heart arrest is verified for depolarization of the heart tissue. In the patient the elements in comorbidity are represented by the laboratory test as alteration of troponine and CPK. Another important risk connected to the employment of the electricity is tied up to the burns. The passage of the tide on the human body is accompanied by development of heat for effect Joule and therefore from an increase of temperature particularly in the part in which the contact has happened with the dispersing element, in this case the patient introduced a vast burn on the lingual body. the international literature reports only rare cases of electrocution often associated with the patient's death. in our clinical case we report the electrocution event that caused damage to the tip of the tongue only.(3) **Conclusions:** The treatment given during the hospitalization has been brief and after an accurate evaluation of the same one and the definition of the appropriate relief setting opts for the protected resignations, that foresaw the continuous one some hospital therapy with some changes (you see tabella3), out-patient visits of control and a following consultation distance ORL of a week. This last has underlined in pharyngoscopy: big lesion of the lingual body in the street of recovery, recommends him of continuous with therapy in action and suitable (seed-solid liquid and cold e/o) diet in the eventuality of hemorrhage under the escara. There are no article in the literature describing this type of injury due to an electrocution. In this article, we report an uncommon case of injury of the tip of the tongue without any systemic disease.

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