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Letter to the Editor

Comment on “Plant thorn synovitis of elbow in children”

We read with interest the article titled “Plant thorn synovitis of elbow in children”¹ and based on our clinical experiences² would like to share some important aspects of these thorn injuries, which have not been highlighted in this paper.

Acacia thorn injuries are common in Northern and Central India, where the Acacia Arabica plants are found in abundance especially in villages and on road side. The sharp thorns of these plants can easily penetrate the exposed parts of the extremities, both upper and lower limbs. These injuries are most commonly seen in foot, as in rural India there is a still a trend towards barefoot walking and/or not wearing strong shoes. The senior author had published already the world's largest series of acacia thorn injuries in 1990,² in which he described foot to be the most common site (14 out of 22 patients). Incidentally, the present paper has failed to include this important landmark publication in their reference.

Acacia Arabica thorns contain severely irritating toxins or alkaloids which trigger severe inflammatory response in the soft tissues and also in the bones.³ The authors would also like to bring to the readers' attention the presence of bony lesions in association with acacia thorn injuries. These lesions may be osteolytic, osteoblastic or mixed lesions and can easily be confused with chronic low grade osteomyelitis or benign neoplasms, if adequate history is not taken.² Although not noticed in any of the cases in the present series, the radiographs should always be assessed for the presence of any lesions.

The authors have described the presence of acacia thorns in the synovium, which were identified macroscopically per operatively. We do not have similar experience, as we had noticed that the acacia thorns if broken and entrapped in the synovium may not be easily visible to the naked eye all the times and hence careful microscopic examination of the total excised tissue should be done to look for the thorns in the specimen. Ultrasonography and MRI can also be useful adjuncts for the diagnosis of thorn injuries.

We do agree with the authors that an awareness and high index of suspicion about the possibilities of thorn injuries is crucial in reaching to an early diagnosis and hence a careful history about the foreign body prick, like thorns must be elucidated in all these patients.

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Raju Vaishya MS MCh FRCS
Senior Consultant, Orthopaedics, Joint Replacement & Arthroscopy,
Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, India

Vipul Vijay MS DNB DipSICOT*
Consultant, Orthopaedics, Joint Replacement & Arthroscopy,
Indraprastha Apollo Hospital, Sarita Vihar, New Delhi, India

*Corresponding author. B-126, Pocket – B, Mayur Vihar Phase – 2,
New Delhi 110091, India
E-mail address: dr_vipulvijay@yahoo.com (V. Vijay)

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