A bizarre postoperative wound infection

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Infection with *Pasteurella multocida* is a common sequel to dog and cat bites. We report on a woman who developed a postoperative infection after encouraging her pet dog to lick her wound.

Case report

A 73 year old woman was admitted for a routine hemiarthroplasty to her osteoarthritic left knee. Under antibiotic cover with intravenous cephadrine a Sled type prosthesis was inserted under aseptic conditions, and the wound was closed. As an inpatient she had no problems with the wound, and she was discharged on the 10th day after the operation.

Three months later she was readmitted with an inflamed wound. The wound was explored under general anaesthesia and 20 ml of yellow pus was drained from an abscess cavity. There seemed to be no communication of the cavity with the joint. The wound was washed out with copious amounts of saline and was

closed over a corrugated drain. Culture of the pus yielded *P multocida* that was sensitive to penicillin, and treatment with penicillin was started intravenously. The wound healed uneventfully. On questioning she admitted that three weeks before admission the lower end of the wound had broken down, and, to promote healing, she had encouraged her dog to lick the wound.

Comment

P multocida infections commonly result from animal bites^{1,2}; one case was reported in which a dog bite resulted in septicaemic infection of a prosthetic aortic graft,³ but there are no reported cases of postoperative wound infections from such a source. Our case, therefore, seems unique. It shows that open wounds should be kept covered in the presence of animals and illustrates the dangers of allowing family pets to lick the skin.

1 Chua J, Speman D. Animal bites and infections. *Aust Fam Physician* 1989;18: 1010-2.

2 Sanella NA, Tavano P, McGoldrick OM, et al. Aortic graft sepsis caused by *Pasteurella multocida*. *J Vasc Surg* 1987;5:887-8.

3 Weber DJ, Wolfson JS, Swartz MN, Hooper DC. *Pasteurella multocida* infections. Report of 34 cases and review of the literature. *Medicine* 1984;63:133-54.

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Snoring every night as a risk factor for myocardial infarction: a case-control study

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Several recent reports have examined snoring as a risk factor for cardiovascular disease,¹ but none have focused on snoring as a risk factor for myocardial infarction. We therefore performed our case-control study to assess the risk.

Subjects, methods, and results

We studied 50 patients (41 men, nine women; mean age 63.8 (range 38-83)) presenting with their first acute myocardial infarction. All were admitted to a coronary care unit within 24 hours of the onset of their symptoms and all lived in Bologna. Diagnosis was based on typical symptoms, electrocardiographic features, and serial changes in the activity of cardiac enzymes.

Two controls were matched for age (± 2 years) and sex with each patient. The first control was the next patient admitted with an acute illness unrelated to the risk factors considered here. All lived in Bologna, and 96% agreed to participate. The second control was randomly chosen from official records of the

inhabitants of Bologna, and 76% of the initial sample selected agreed to participate. People who had previously had a myocardial infarction were excluded.

Cases and controls were included only if they lived with a cohabitee who was reliable in witnessing their snoring. We tried to match the cohabitee relations of the patients and the controls, and concordance was obtained in 38 of them. A questionnaire asking about the subject's snoring was given to each cohabitee.

Subjects were classified as "every night snorers" if it was reported that they had snored every night or nearly every night for at least two years. Information on smoking and alcohol consumption was obtained directly from the subjects. Treatments for hypertension and diabetes were noted, and body mass index was calculated.

With 50 patients and 100 controls our study had >0.80 power of detecting a relative risk of ≥ 2.5 at 0.05 level of significance considering rate of exposure of 0.15 among the general population. A comparison of body mass index among the three groups was made by analysis of variance; comparison between patients and each control group was made by McNemar's symmetry χ^2 test; and comparison of patients with both control groups was made by the Mantel-Haenszel test for multiple controls.

Factors found to be associated with myocardial infarction were entered as dichotomous variables in a multiple logistic regression analysis. Logistic models were expressed as an odds ratio, and 95% confidence intervals were calculated for the odds ratio from the formula: $\exp(\beta \pm 1.96 \times SE(\beta))$, where β is the β coefficient in the logistic model. Goodness of fit for

Comparison of risk factors for myocardial infarction between 50 patients and two matched control groups. Values are numbers or odds ratio (95% confidence intervals)

Risk factor	Patients	Hospital controls	Population controls	Odds ratios			
				Patients v hospital controls*	Patients v population controls*	Patients v both controls**	Patients v both controls***
Smoking	36	17	17	6.75 (2.06 to 28.88)	5.75 (1.72 to 24.96)	6.25 (2.85 to 13.68)	5.75 (1.27 to 25.62)
Hypertension	20	11	13	2.14 (0.75 to 6.60)	2.20 (0.62 to 8.82)	2.16 (0.93 to 5.01)	4.72 (1.04 to 21.23)
Diabetes	6	6	3	1.20 (0.27 to 5.60)	2.00 (0.36 to 4.80)	1.50 (0.52 to 4.29)	—
Alcohol consumption ≥ 50 g/day	18	6	6	5.66 (1.40 to 34.88)	4.25 (1.21 to 19.07)	4.85 (2.19 to 10.75)	4.33 (0.98 to 19.14)
Snoring every night	20	9	8	2.00 (0.74 to 5.70)	2.83 (0.96 to 9.34)	2.35 (1.18 to 4.67)	4.40 (1.11 to 17.98)

*McNemar's test. **Mantel-Haenszel test. ***Multiple logistic regression analysis.