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ANOTHER COMPLICATION OF SUBUTEX ABUSE

Dear Sir,

We read with interest the recent articles on subutex. The clinical manifestations of subutex are varied.[1] We would like to discuss a recent case that presented to our department with symptoms suggestive of ulnar nerve injury.

A 29-year-old male ex-subutex abuser was referred to the hand department for hand deformity and numbness. He complained of pain on the central and ulnar aspect of his left palm with weakness of his left hand. He also complained of paraesthesia and numbness, which started immediately after injecting into his axilla one year ago. A claw deformity had developed gradually.

On examination, he had a classical left ulnar claw hand and wasting of his intrinsic muscles with guttering. Power was reduced at four for his dorsal and palmar interosseus and abductor digiti minimi muscles. He had paraesthesia over the ulnar half of his palm and ulnar one and a half digits. He was Tinel's positive over Guyon's canal. More proximally, he complained of reduced sensation on the medial aspect of his forearm.

Radiography and a nerve conduction study were organised. The radiograph of his left axilla (Fig. 1) showed multiple hypodermic needles. His nerve conduction study was consistent with a nerve injury above the level of the elbow, although the exact location was not determined.

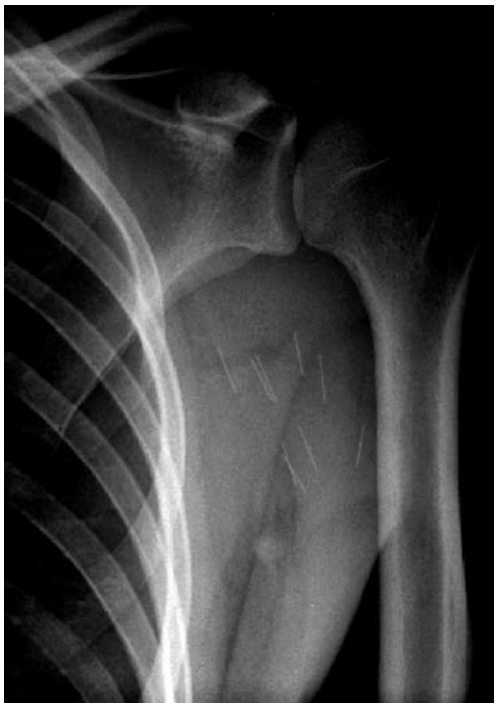

Fig. 1 Frontal radiograph shows multiple hypodermic needles in the axilla.

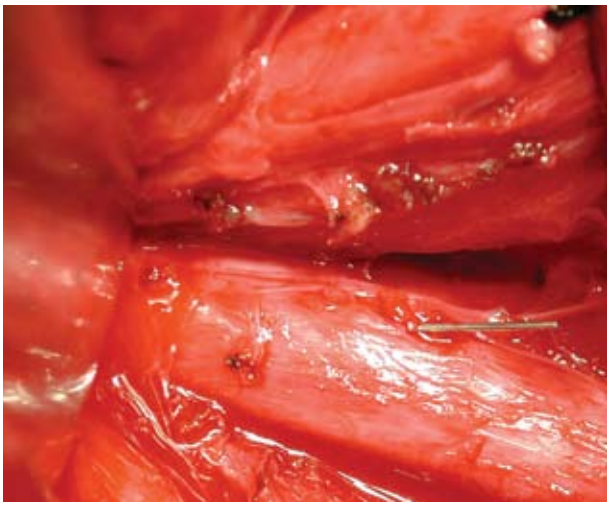

Fig. 2 Operative photograph shows the needle penetrating the ulnar nerve.

Clinically, the lesion was thought to be higher in the axilla. The options were discussed and the patient opted for surgical treatment. Intraoperatively, the soft tissue around the left ulnar nerve was scarred for a 10-cm segment and one hypodermic needle was seen embedded and penetrating the nerve (Fig 2). At least two nerve fascicles were lacerated and adjacent fascicles were contused. The needle was removed and intraneural neurolysis was done. Two fasicles were found to have a gap of 1.5 cm and were not opposable. The nerve repair was completed using tissue glue.

Postoperatively, he had immediate recovery from paraesthesia. He was seen at three months follow-up and had no paraesthesia pain. Two-point discrimination was 9 mm on his left ring and little finger. The power of his flexor digitorum profundus was grade 4. He was due to be seen in clinic again but defaulted follow-up.

The incidence of subutex-related complications has been increasing in Singapore and upper limb complications have been reported before.[2] This case highlights a unique complication of subutex abuse.

Yours sincerely,

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