



**HAIR TOURNIQUET SYNDROME WAS TREATED FOR THE FIRST TIME BY A
FAMILY DOCTOR IN PRIMARY HEALTH CARE IN PALESTINE "SHARIF SALHA'S
TECHNIQUE"**

**Dr. Sharif J. H. Salha*¹, Dr. Lubna Yousif Sabbah², Raghad Emad Omar Hassouna³, Abdulrahman Osama
Abdullah Shehada⁴ and Basel Ahmed Mahmood Abu Shamla⁵**

¹PG Scholar, Medical Doctor At Near East of Council of Churches, Palestine And Medical Doctor At Jana IVF Center
Palestine.

²Health Program Coordinator At Near East Council of Churches, Palestine.

³Fifth Level Medical, Student At Alazhar University, Palestine.

⁴Second Level Medical, Student At Alazhar University, Palestine.

⁵Soft Ware Engineer Palestine.

***Corresponding Author: Dr. Sharif J. H. Salha**

PG Scholar, Medical Doctor At Near East of Council of Churches, Palestine And Medical Doctor At Jana IVF Center Palestine.

Article Received on 21/08/2023

Article Revised on 11/09/2023

Article Accepted on 01/10/2023

ABSTRACT

Hair tourniquet syndrome is a rare condition. This syndrome has been reported to affect the fingers, toes, and even the genitals. We present a case of an infant's hair tourniquet syndrome affecting numerous toes. After the hair fiber was removed, there was a rapid healing period with no evidence of tissue necrosis. The problem must be diagnosed and treated as soon as possible in order to have a positive outcome and prevent further harm to the child. It is a revolutionary technique for removing hair without injuring the skin by using a blade size 10 and stretching it.

KEYWORDS: hair tourniquet syndrome and new technique.

CASE REPORT

A case of a four-year-old boy attended to the Near East Council of Churches' Shajaia clinic in Gaza City after his mother learned about the excellent medical services offered by our team.

After a smooth pregnancy and a 6-hour labor and delivery, the patient was born at full term to a 30-year-old mother.

During her pregnancy, the mother said she did not take drugs, ingest drugs, smoke, or drink alcohol.

He was brought by his mother for check up, she noticed non painful erythema and swelling on the head of his penis. There was no prior history of similar issues. The head of the penis was red, swollen, and sensitive, with constriction rings at the level of the head of the penis (Figure 1). Several densely interwoven hairs were discovered in the constrictions of the penis head when examined under loupe magnification. Dr.SHARIFJ.H.salha and the medical staff of the Near East Council of Churches' Shajaia clinic cut and removed these with a fine knife, size: 10. The child's color and edema improved overnight, and he was discharged home

the same morning. There were no other concerns noted two weeks after this occurrence.

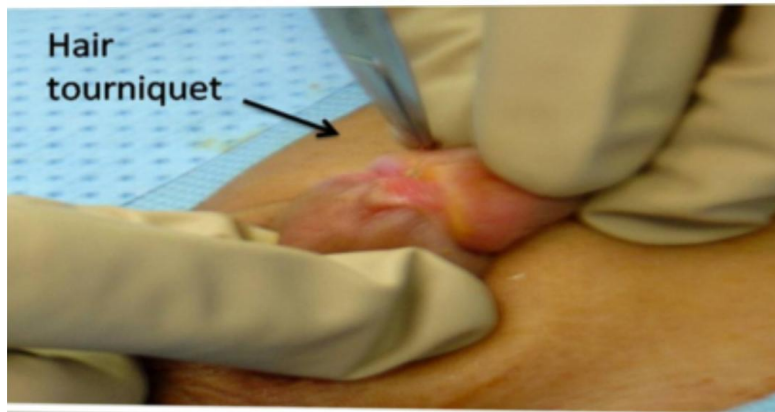


Figure 1: Photo of head of penis showing erythema and edema distal to hair-toe tourniquets at head of penis.

We are watching him after two weeks of this treatment to ensure that he is in good overall health and has not complained of any illness.

At age of 2 years and 6 months, this patient under went to orchiopexy of right testis due to undescending testis.

Dr.SHARIF j.h.salha used a new technique to remove the constricting ring of hair in this patient. The technique involved stretching the skin and using an inverted face of blade size 10 to gently cut the hair and circular movement to remove it in the opposite direction of the ligation of this node of hair that was embedded at the head of the penis as shown in figure 2.

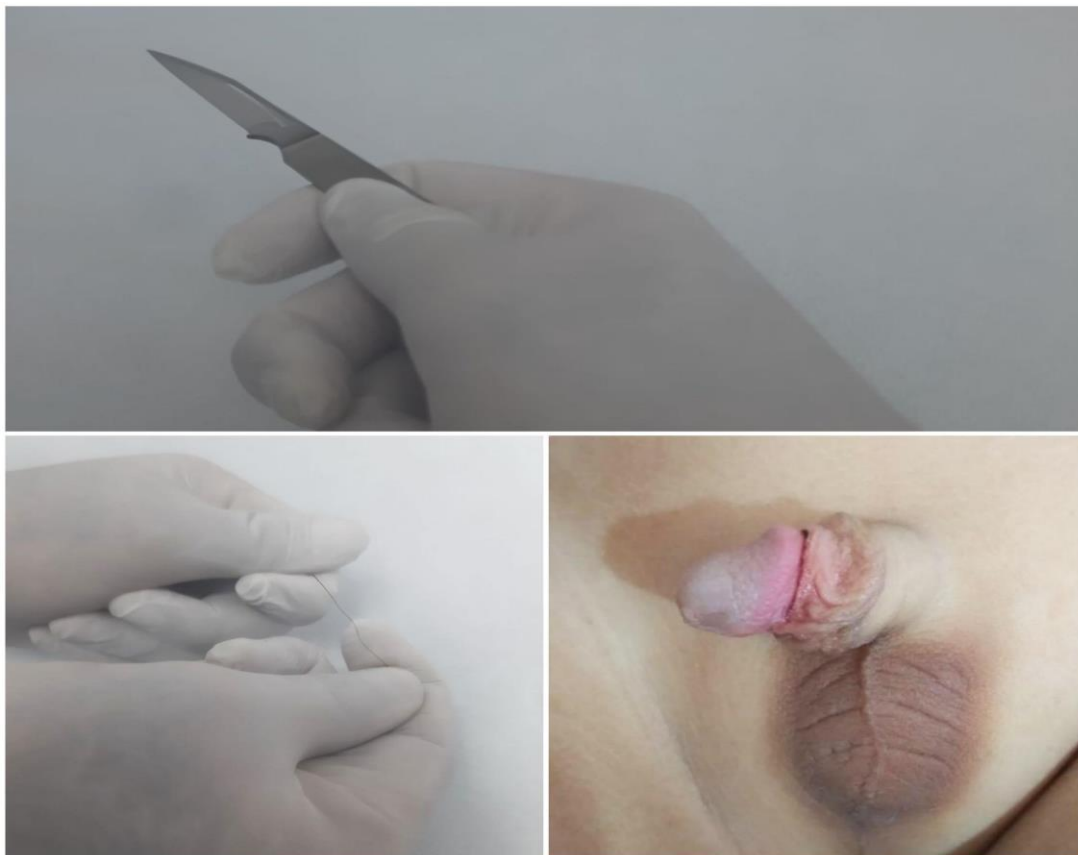


Figure 2: shown Sharif salha's technique: stretching of skin of head of penis and using an inverted face of blade size 10 to gently cut the hair.

The mother of the kid expressed her gratitude to everyone of our center's employees, notably Dr. Sharif Jamal Salha, for their efforts in ensuring the child's health.

DISCUSSION

Hair tourniquet syndrome (HT) is a rare condition. This syndrome has been reported to affect the fingers, toes, and even the genitalia.^[1,2] The majority of HT syndrome cases have been observed in newborns under the age of

two months.^[3] Although most incidents are thought to be unintentional, child abuse must be addressed in some cases. HT syndrome involving the toes occurs during a period of increased hair loss in postpartum women. Penis tourniquet syndrome is another name for this problem.^[4] Circumferential digital strangulation causes distal edema by impairing lymphatic and venous drainage. Additional blockage may result in arterial occlusion and ischemic damage.^[5] Prolonged ischemia causes tissue necrosis and, eventually, autoamputation.

Treatment consists of removing the restricting hair or fiber as soon as possible. Direct inspection is typically sufficient to eradicate it. If there is any concern about the completion of removal, surgical exploration is required, especially if the hair is cutting through the skin and becoming invisibly.^[1,2,3,4,5]

Penis tourniquet syndrome is an uncommon and hazardous condition that can be avoided in early infants. A timely diagnosis and treatment of the disease is critical to achieving a positive outcome and preventing further harm to the youngster. If significant hair loss occurs, new parents should be reminded that their infant should be carefully checked on a regular basis to ensure that no hairs become entangled in the penis.

This method is ideal for preventing tissue damage and shortening the time it takes to refer patients to the hospital. I believe it is an easy way to prevent complications and improve health care, particularly in primary care, because the previous methods relied on dealing with and treating mild cases, so it is a medical revolution to deal with an urgent case like hair tourniquet syndrome in primary care.

In this way, I believe we can encourage all medical personnel to gain expertise in dealing with these types of urgent and unique cases.

CONCLUSION

Penis-tourniquet syndrome is a rare condition with a clinical diagnosis. It should be one of the differential diagnoses for a young child with acute swollen toes. Hair tip evidence is a distinguishing trait. Early and proper treatment results in a positive outcome. This strategy improves case outcomes and can be used in any medical service such as primary health care, medical centers, or hospitals.

The advantages of this approach are that it can be used without analgesia or anesthesia.

Consent

Parents provided written informed consent for the publication of this case report and any related photos.

REFERENCES

1. Alverson B. A genital hair tourniquet in a 9-year-old girl. *Pediatr Emerg Care*, 2007; 23: 169–170.

2. Barton DJ, Sloan GM, Nichter LS, Reinisch JF. Hair-thread tourniquet syndrome. *Pediatr*, 1988; 82: 925–928.
3. Sudhan ST, Gupta S, Plutarco C. Toe-tourniquet syndrome_accidental or intentional? *Eur J Pediatr*, 2000; 159: 866.
4. Strahlman RS. Toe tourniquet syndrome in association with maternal hair loss. *Pediatr*, 2003; 111: 685–7.
5. Mackey S, Hettiaratchy S, Dickinson J. Hair-tourniquet syndrome_multiple toes and bilaterality. *Eur J Emerg Med*, 2005; 12: 191–2.