

The Wild Boar Attack – A Case Report of a Wild Boar Inflicted Injury and Treatment

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ABSTRACT

Croatia is a relatively safe country in regards to wild animal attacks and trauma to humans, even though there are a few reported cases of wild animal attacks on humans almost every year. As a bio-diversity hot-spot it is inhabited by a few wild animal species that are known to attack humans and cause serious, sometimes even fatal injuries to humans throughout the world, such as wolves, brown bears and wild boars. We present a case of a recent wild boar attack on a human – a hunter that occurred in central Croatia in the year 2012. The injured person was a part of a group of hunters involved in a drive hunt on wild boars. He sustained a 4 cm long laceration of the left knee by a wounded male wild boar. After the surgical and antibiotic treatment he recovered completely and without any complications.

Key words: wild animal, trauma, bites and stings, wild boar, injury, treatment

Introduction

Wild boar (*Sus scrofa*, Linnaeus 1758) is a native large game animal of Croatia, representing the most widely distributed ungulate whose population significantly increased during the last decades¹. Mainly due to the fact that the number of wild boar has rapidly increased, more and more contacts humans are reported, like vehicle collisions², agriculture damage³ and finally attacks on humans⁴. Wild boars are generally not dangerous to humans, they are known to attack when provoked, mainly during the rut season (males), leading piglets (females) or when wounded⁵. The typical attack pattern of wild boars is biting or tearing and cutting with sharp tusks, which initially occur in the lower extremities and lower-abdomen region. Following the initial assault the animal attacks repeatedly thus victims often have more than one injury site^{5,6}. Fatal attacks caused by wild animals are reported mainly by large predator animals like bears, leopards, wolves and lions^{7,8}, while only a few fatal attacks from wild boars have been reported^{5,9}.

In order to achieve a successful outcome the treatment wild animal injuries requires a multidisciplinary approach most often by an orthopedic surgeon, plastic surgeon, a microbiologist and sometimes even a psychiatrist⁸.

This is a case report of one such incident that recently occurred in Croatia.

Case Report

A 27 year old hunter was attack by a wild boar on November 25, 2012 at approximately 10:30 AM in central Croatia, near the town of Glina (N 45°18'22" E 16°02'42"). The region is an ideal wild boar habitat with a very high population high density (16 individuals/sq km)¹⁰. The attack occurred while he was approaching a two year old wounded male boar during a drive hunt (»driving« or »drive hunt« is a type of organized group hunt where one group of hunters, often with hunting dogs are herding/ chasing animals in a particular direction, usually toward another group of hunters who then shoot the animals; it is a widespread type of hunting in this part of Europe, mainly used for hunting wild boars) in thick beech (*Fagus sylvatica*) forest. In the attack, he sustained a bite wound – 4 cm long laceration of the skin and underlying soft tissue (without muscular tissue injury) of the left knee. He first received medical treatment by an emergency medical team on site, and then was transferred to the local Gen-

eral hospital where the wound was explored, cleaned and a situational clip was placed to hold the edges of the wound together. Since he received the final (third) dose of Ana-Te vaccination and a human rabies immunoglobulin a year ago he only received antibiotics – amoxicillin plus clavulanic acid 2 x 1000 mg (of which 875 mg amoxicillin + 125 mg clavulanic acid) in the duration of seven days. He had a complete recovery without any complications as of December 3, 2012.

Discussion

Wild boar is a wild animal species that has the most number of documented attacks on humans in Croatia⁴. They are known to have a typical attack pattern that results in a localized pattern of injuries. They first charge and bite, often from behind, resulting in injuries to the lower extremities, and if the assault continues and the victim is knocked to the ground, more dangerous and severe secondary lesions may occur in any anatomic location depending on the relative position of the victim and attacking animal^{5,6,9}.

This case represents a new incident that has all of the risk factors that are known to increase the potential of wild boar attacks on humans (hunting season, wounded animal, male animal – that is known to be extremely ag-

gressive, close human – animal interaction). As proposed in literature⁴ – the antibiotic therapy with a scheme as a full length and full duration as opposed to prophylactic has once again proved it is a safe and efficient management protocol – no complications, such as infection or prolongation of wound healing that have been known to happen with only prophylactic antibiotic therapy has not occurred. The best therapy for wild animal inflicted wounds with special regard to optimal wound healing time, minimum complications and minimal residual functional and aesthetic impairment would be, in our opinion, primary wound debridement and sutures with immediate full dose antibiotic therapy (Amoxicillin plus clavulanic acid or a combination of ciprofloxacin with co-amoxyclov) alongside tetanus toxoid booster and post exposure rabies prophylaxis. Of course each case of wild animal inflicted wounds should be looked at and treated individually with careful assessment of all potential risk factors for complications from the side of the animal itself (species, known microbiological organisms in their oral cavity, etc.) as well as from the side of the injured person (age, comorbidities, possible immunosuppression, etc.).

Finally, as concluded by Nabi et al.⁸, this problem requires multidisciplinary approach on a state level to reduce it, which should inevitably include education of all interest groups, especially hunters themselves.

REFERENCES

1. ŠPREM N, PIRIA M, NOVOSEL H, FLORIJAČIĆ T, ANTUNOVIĆ B, TREER T, Šumarski list, 11–12 (2011) 575. — 2. ŠPREM N, DUDUKOVIĆ, D, KEROS T, KONJEVIĆ D, Coll Antropol, 37 (2013) 531. — 3. NOVOSEL H, PIRIA M, SAFNER R, KUTNJAK H, ŠPREM N, J Cent Eur Agric, 13 (2012) 631. DOI: <http://dx.doi.org/10.5513/JCEA01/13.4.1102> — 4. ŠPREM N, ŠKAVIĆ P, KRUPEC I, BUDOR I, Wilderness Environ Med, 24 (2013) 267. DOI: <http://dx.doi.org/10.1016/j.wem.2013.03.018> — 5. MANIPADY S, MENEZES RG, BASTIA BK, J Clin Forensic Med, 13 (2006) 89. DOI: <http://dx.doi.org/10.1016/j.jcfm.2005.08.007> — 6. GUNDUZA, TUREDI S, NUHOGLUI, KALKAN A, TURKMEN S, Wilderness Environ Med, 18 (2007) 117. DOI: <http://dx.doi.org/10.1580/06-WEME-CR-033R1.1> — 7. PACKER C, IKANDA D, KISSUI B, KUSHNIR H, Nature, 436 (2005) 927. DOI: <http://dx.doi.org/10.1038/436927a> — 8. NABI DG, TAK SR, KANGOO KA, HALWAI MA. Injury, 40 (2009) 87. DOI: <http://dx.doi.org/10.1016/j.injury.2008.06.042> — 9. SHETTY M, MENEZES RG, KANCHAN T, SHETTY BS, CHAUHAN A, Wilderness Environ Med, 19 (2008) 222. DOI: <http://dx.doi.org/10.1580/08-WEME-LE-192.1> — 10. FABIJANIĆ N, DUMIĆ T, NOVOSEL H, ŠPREM N, The applicability of infrared sensor cameras and spatial model for the estimation of game population in the hunting ground III/29 »Prolom«. In: Proceedings (48th Croatian and 8th international symposium on agriculture, Dubrovnik, Croatia, 2013, 657).

dx.doi.org/10.1580/06-WEME-CR-033R1.1 — 7. PACKER C, IKANDA D, KISSUI B, KUSHNIR H, Nature, 436 (2005) 927. DOI: <http://dx.doi.org/10.1038/436927a> — 8. NABI DG, TAK SR, KANGOO KA, HALWAI MA. Injury, 40 (2009) 87. DOI: <http://dx.doi.org/10.1016/j.injury.2008.06.042> — 9. SHETTY M, MENEZES RG, KANCHAN T, SHETTY BS, CHAUHAN A, Wilderness Environ Med, 19 (2008) 222. DOI: <http://dx.doi.org/10.1580/08-WEME-LE-192.1> — 10. FABIJANIĆ N, DUMIĆ T, NOVOSEL H, ŠPREM N, The applicability of infrared sensor cameras and spatial model for the estimation of game population in the hunting ground III/29 »Prolom«. In: Proceedings (48th Croatian and 8th international symposium on agriculture, Dubrovnik, Croatia, 2013, 657).

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NAPAD DIVLJE SVINJE – SLUČAJ OZLJEDE NANEŠENE OD DIVLJE SVINJE I LIJEČENJE

SAŽETAK

Hrvatska je relativno sigurna zemlja u pogledu napada divljih životinja i ozljeđivanja ljudi, iako gotovo svake godine ima po nekoliko prijavljenih slučajeva napada divljih životinja na ljude. Kao jedno od mjesta s velikom bio-raznolikošću naseljavaju ju nekoliko vrsta divljih životinja koje znaju napasti ljude te uzrokovati ozbiljne pa čak i smrtonosne ozljede ljudima, kao što su naprimjer vukovi, smeđi medvjedi i divlje svinje. U ovom radu ćemo prezentirati nedavni napad divlje svinje na čovjeka – lovca, koji se dogodio u središnjoj Hrvatskoj 2012. godine. Ozljeđeni je bio dio skupine lovaca u grupnom lovu na divlje svinje, koji je prilikom prilaženja ranjenom vepu zadobio 4 cm dugu ranu razderotinu lijevog koljena. Nakon kirurške i antibiotske terapije ozljeđeni se je u potpunosti oporavio bez komplikacija.