

Domestic Use of Glass Tables: The Need for Caution

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Abstract: We present two adult patients who had deep glass lacerations in the back. Both of them had wound closure in theatre; one had blood transfusion and the other had wound infection. The latter had wound dressing at the outpatient clinic for three weeks after discharge from the hospital.

Keywords: Domestic, children, Lacerations, tempered glass, caution.

1. Introduction

There are many tables in the home, ranging from dining, reading, tea(centre) tables et cetera. These tables were mostly made of wood but recently an increasing number of glass tables are replacing the wooden ones. In the market, glass tables of different designs and colours have become a great attraction to customers.



Figure 1: Numerous tea(centre) tables in the market.

The tea or 'centre table' is usually kept in the living room and in most homes the glass one has taken over the wooden one. This table is often kept directly below the ceiling fan. It can become the source of serious domestic accident.

Case one

This is a 52-year old male civil servant who was sweating after having dinner and decided to sit on a glass centre table which was kept directly under the ceiling fan. The table broke and he sustained a deep laceration in the back. There was profuse bleeding, the wound was bandaged with a cloth and the patient was rushed to the university of Calabar Teaching Hospital. In the accident and emergency department he collapsed in an attempt to step out of the ambulance.

On examination he was markedly pale with a packed cell volume of 18%, the pulse rate was 140 beats per a minute, the extremities were cold and moist and the blood pressure was 90/60 mmHg. Wound examination and exploration in theatre showed a transverse laceration in the middle of the back measuring about 24cm by 3cm, division of the paraspinal muscles down to the vertebrae.



Figure 2: Glass-table injury in the back.

The wound was explored but no foreign bodies were found. It was irrigated with normal saline, bleeding vessels were ligated with vicryl 2/0 and it was closed in layers using vicryl zero on the muscles, fascia and subcutaneous tissues and nylon 2/0 on the skin. The wound healed, stitches were removed on the 10th postoperative day and the patient was discharged from the hospital.



Figure 3: Healed glass table wound of the back

Case two

This patient is a 35 year-old female petty trader who slipped on a wet tiles floor and fell on a glass centre table sustaining a laceration in the back. There was minimal bleeding but no history of dizziness or fainting. The patient presented at the accident and emergency department of the University of Calabar Teaching Hospital. Her packed cell volume was 32% and the urinalysis was unremarkable. There was an oblique laceration that divided the skin and subcutaneous tissues. The wound was debrided in the theatre, irrigated

with normal saline and closed in layers- vicryl zero to the subcutaneous tissue and nylon 2/0 to the skin. The wound was infected and all the stitches were removed on the 5th postoperative day; it was dressed with honey and allowed to heal by secondary intention over three weeks.



Figure 4: Infected glass table wound

Both patients received tetanus prophylaxis, intravenous antibiotics on the table before wound closure and oral antibiotics for five days after surgery.

2. Discussion

The back injuries discussed above suggest that people should be discouraged from the purchase and use of glass tables. Children play at home and often chase each other; they may run onto a glass table or drop an object that shatters the table. This can give different types of injuries. Some writers have emphasized the danger of glass tables to children but we have presented two consecutive glass-table injuries in adults. Therefore, no age is exempt from glass-table injuries. In the United States of America glass-table injuries to children has prompted industrial changes in the manufacture of glass tables [3]. Glass tables should be made of tempered glass. The latter is four to five times stronger than standard glass and breaks into small fragments with dull edges. Car windscreen and glass doors are made of tempered glass and legislation in every country should make the use of tempered glass mandatory for the manufacture of glass tables. Besides, bumpers made of foam should be installed on the corners and edge of glass-tables. Although Doudou Nzaumvila¹, Indiran Govender¹, Efraim B. Krammer² showed that the commonest cause of glass injuries in South Africa is assault after alcohol consumption, glass-table injuries are also the cause of serious morbidity and possibly mortality in our community[2].

The design of tiles in our homes should be carefully chosen. Some tiles are very smooth and slippery but others are designed to give a better walking surface. Members of the family should be warned to walk carefully when tiled floors have just been washed and are wet. Besides, fluid spillage on tiled floors should be promptly cleaned and dried. Manufacturer of domestic tables should use only tempered glass. These and other precautions will reduce domestic accidents from glass tables.

3. Conclusion

Glass tables are dangerous; injuries from them may be life threatening. The use of wooden or metal tables is probably the best prevention from glass table injuries.

References

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