Treatment of Human Bites

Infection Concerns

The human mouth carries many bacteria that hold the potential to cause infection by both aerobic and anaerobic bacteria following a human bite. Approximately 20% of human bites become infected.

Two types of human bites:

1. Closed fist injuries or "fight bites"—sustained to a clenched fist, usually during a fight. These have the highest rate of infection in human bites.

2. Occlusive bites—bites that break the skin on a body part. Infection rates with these are usually lower than with fight bites. Occlusive bites, however, to the hand need greater attention, as infection rate tends to be higher with them than other occlusive bites.

Human bites frequently cause infections that lead to death of a specific area of tissue, otherwise referred to as necrotizing infections. A bite may also be deep enough to produce significant bleeding.

There is risk for transmission of some blood-borne pathogens with human bites. 75% of Hepatitis B patients have detectable antigen in their saliva. HIV transmission is less likely, although some literature does suggest this as a mode of transmission.

The two goals of treatment are to:

1. Stop bleeding—allow bleeding to occur naturally, but don’t force bleeding.
2. Prevent infection—meticulous wound care is the primary preventive measure.

Treatment

1. Stop bleeding at the site by applying direct pressure with a sterile gauze or pressure dressing.
   a. If bleeding is severe and cannot be stopped—proceed to the nearest Emergency Department.

2. When there is no longer frank bleeding:
   a. Cleanse the site thoroughly with an isotonic sodium chloride solution, dilute betadine, or dilute hydrogen peroxide.
      - If the bite is deep, irrigation with one of the above solution may be required—a 10-cc syringe with an 18-gauge angiocath attached may be used.
      - Take care to avoid injection of the tissues and to prevent additional trauma.
   b. Cover the site with a sterile dressing.
3. Ensure Tetanus immunization status is up to date (due every 10 years).

4. Follow-up with family physician as appropriate for potential antimicrobial therapy.

5. Report signs of inflammation, erythema and/or induration that occurs at the site of injury to family doctor and, if the bite occurred in the workplace, to Employee Health.

6. Call the SAFE Line to report the incident if it occurred at work.