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Kite Related Injuries During Uttarayan

Dr. Kapil Dev Chahar	Department of Emergency Medicine, B.J.Medical College Ahmadabad
Dr. Samira N. Parikh	Department of Emergency Medicine, B.J.Medical College Ahmadabad
Dr. Nilima K. Shah	Department of Emergency Medicine, B.J.Medical College Ahmadabad
Dr. Chirag J. Patel	Department of Emergency Medicine, B.J.Medical College Ahmadabad

ABSTRACT

Objective: To assess the pattern of injuries during kite flying festival

Material & methodology: This descriptive study was conducted in the Department of Emergency medicine at a tertiary care civil hospital, Ahmadabad from 13th January to 15th January 2013. 96 patients presented to Emergency medicine department due to kite related injuries. After primary resuscitation and stabilization, preformed questionnaire was filled with prior informed consent. The questionnaire included presenting complaints, mechanism of injury, time of injury, time elapsed between injury and reaching the emergency department, mode of transfer to the hospital and whether the patient was directly involved in kite flying or not.

Results: During the study period 96 patients were came in the emergency department related to kite flying festival injuries. Majority of the patients were young male (age 11_30 years 56.3%).86.5 %(83) were Male. 58.3% patients brought to emergency department by EMRI, 63.5%patients had taken primary care before reaching hospital. Head injury with Face & Neck either alone or in combination were the highest presentation seen in 71.9% of patients. Most of the patients had Abrasion, laceration. One patient had crush injury, 13 patients had long bone fracture. Most of patients discharged from ED (58.3%), 5 were shifted to ICU.

Conclusion: Out of 96 patients most of them were children and young adults with mean age of 25±5.82. These types of injuries were causing permanent disability in one patient and 5 patients required ICU care. Thus, kite flying festival related injuries causes extra burden on health system and resulting negative impact on society. We can prevent most of these injuries by public education and awareness programmes like advertisement, poster presentation and local plays.

KEYWORDS : Kite flying festival, traumatic injury, cut throat injury, types of injury during kite flying festival

Introduction:

Kites date back to as far as 3000 years ago from china. Based on their interpretation of cave painting on Muna island Sulawesi, Clive Hart and Tal Streeter hold that leaf Kites existed far before that time in what is now Indonesia[1]. In 19th century Kites were used for military purpose. Kite flying is still very popular in china, Thailand, Nepal, Japan, India and Pakistan. Kites towed behind boats can lift passengers[2] which have had useful military applications in the past[3]. Some kites were fitted with strings and whistles to make musical sounds while flying[4-6]. Stories of Kites were brought to Europe by Marco polo towards the end of 13th century and Kites were brought back by sailors from Japan and Malaysia in the 16th and 17th centuries[7]. Kite flying festival is a popular game in children and adults all over the world. In India people celebrate the arrival of spring by holding a kite festival. kite flying festival is associated with various type of injuries, including accidents that occur during the preparation of thread , electrical injuries from high tension current , fall that occur during the game or injuries caused to bystanders during kite flying , especially those riding motorcycles or bicycles ,quarrels for the kite. Emergency department even received cases of neck injuries due to kite flying festival.

Aims & objective:

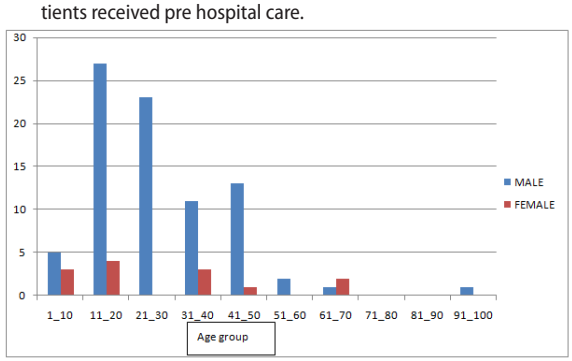
To assess the pattern of injuries during kite flying festival

Material & methodology:

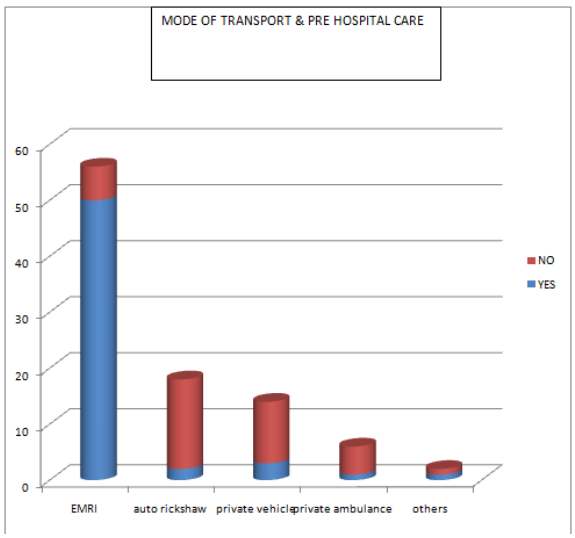
This descriptive study was conducted in the Department of Emergency medicine at a tertiary care hospital from 13th January to 15th January 2013. 96 patients due to kite related injuries presented to civil hospital. Patients who did not have history of injuries related to kite flying festival were excluded. After primary resuscitation and stabilization, preformed questionnaire was filled with prior informed consent. The questionnaire included presenting complaints, mechanism of injury, time of injury, time elapsed between injury and reaching the emergency department, mode of transfer to the hospital and whether the patient was directly involved in kite flying or not. Later on either patients were discharged from ED, or inward transfer, or shifted to ICU as per requirement.

Results:

- During the study period 96 patients were attended in the emergency department related to kite flying festival injuries.
- 86.5 %(83) were Male, Age group and gender distribution is as shown in graph.
- 56.3% (54) were come to ED on 14th January (the main kite flying festival day).
- 56 patients were discharged from ED after primary management (suturing, analgesics, tetanus toxoid, and dressing), 5 were shifted to ICU, and rests were transferred to inward for definitive management.
- 61.5 %(59) of the patients had history of non-vehicular trauma in which 83.05%(50) patients had fall from height, Out of 50 patients 5 patients had severe head injury, 13 patients had long bone fracture, others were minor head injury and skin & soft tissue injury.
- 58.30 %(56) patients brought by EMRI in which 89.29 %(50) patients received pre hospital care.



Person flying kite	52.10%
Pre hospital care	63.50%
Brought by EMRI	58.30%
Brought in Golden Hour	68.8%







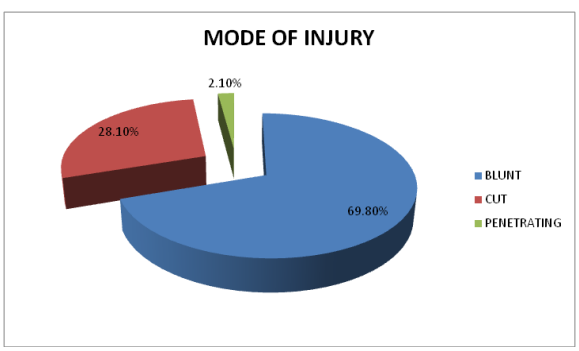


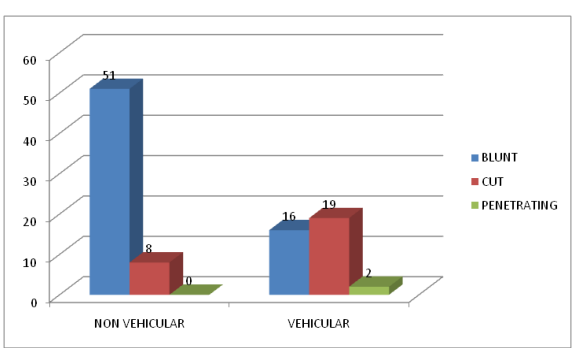
Thread injury 1



Crush injury 1

Skin & Soft Tissue Injury	29
Head injury (mild)	21
Head Injury(moderate &severe)	5
Thread Injury (cut throat)	15
Thread Injury (other parts)	12
Fracture long bone	13
Crush Injury (lower limb)	1





Discussion:

At tertiary level hospital in emergency department total 96 patients were treated in 2013 due to kite flying festival related injuries. Out of these, 56 were discharged from ED, 1 patient required emergency operative management for crush injury, and 5 patients were shifted to ICU. 13 patients were shifted inward, 21 patients were kept under observation. Fortunately, we can prevent most of these injuries by taking administrative steps like ban on metallic and chemical strings used for kite flying, use of helmet, protective shield. The physical injuries like amputation of limbs leads to long term, psychological as well social problems, the people has low self-esteem, feeling of guilt and feel sorry for the disabilities. On long term these problems can provoke various psychiatric disorders like depression, post-traumatic stress and anxiety.

Conclusion:

Most kite flying festival related injuries affected children and young adults with mean age 25±5.82. Kite related injuries are not only causing extra burden on the health system but also resulting in negative impact on the society. Serious efforts should be made to prevent these injuries by taking appropriate administrative steps.

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