Sealer’s finger

INTRODUCTION

The people of Newfoundland continue to make a living from the ocean, and the seal hunt is an occupation and source of livelihood for Newfoundlanders in many rural areas of the province. Occupational injuries have always been associated with this fishery. We present a case of sealer’s finger (or seal finger) that was recently seen at a hospital in rural Newfoundland. This condition is known as “Spekk-finger” or “blubber-finger” in Norwegian literature. Sealer’s finger is a severe finger infection observed in sealers, who can acquire the infection by accidentally cutting themselves with a knife used to clean seal carcasses or by contact of seal pelts to small breaks in the skin of the hand. Delay of diagnosis or treatment of sealer’s finger can result in permanent stiffness or loss of the affected finger. The disease progresses from a cellulitis, to arthritis with eventual joint dissolution and healing by ankylosis.1 Because of improved access to health care these severe side effects are not often seen. In the historical setting, it was, however, often the case, as sealers on ships at sea were isolated from medical resources and adequate treatment. The causative bacterial agent is presumed to enter the finger through small cuts in the skin, and the symptoms may develop after an incubation period varying from 5 to 21 days.2 We present this case as a reminder that this occupational disease continues to exist.

CASE REPORT

A 33-year-old man recently presented to the rural hospital emergency depart-
age of affected digits occurred on the index and middle fingers of the left hand of sealers, suggesting that the bacteria were possibly acquired through the practice of inserting these fingers through the eyes holes (palpebral fissures) of the seal pelts, when carrying them. In a study of 244 patients only 22 subjects were unable to recall a pre-existing break in the skin. In the early and mid-20th century sealers would request that the finger be amputated because otherwise the disorder would keep them from working during the short sealing season.

**Not only sealers**

Sealer’s finger is commonly seen in seal hunters but is also seen in those who care for or study seals, such as wildlife workers and biological researchers. Many of the case reports document how sealer’s finger may be acquired by the bite from a seal. This disease has even been associated with handling of an anesthetized polar bear with tooth abscesses.

**Treatment**

It is the opinion of the second author, based on clinical experience and supported by other publications in the literature, that injuries of this etiology should be treated with the tetracycline or its chemical derivative, deoxycycline. In our local hospital deoxycycline 100 mg PO q.i.d. for 14 days has been successfully used in the treatment of this condition. In the situation of a more serious case of sealer’s finger, when inflammation extends to the other digits or wrist, a third generation cephalosporin, administered intravenously, is used in addition to one of the previously mentioned oral antibiotics.

**Precautions**

Case reports show that a delay in appropriate treatment due to lack of awareness by primary care physicians of sealer’s finger, can lead to unnecessary loss of function due to permanent stiffness. Our recommendations for the prevention of sealer’s finger include education of the condition among seal fishers and ships’ officers having an adequate supply of antibiotics on board to treat the condition at sea, after telephone contact to a physician. Pelt handlers should use gloves and ensure adequate dressing and treatment of all minor flesh wounds on the hands, to help prevent acquisition of sealer’s finger.

**Competing interests:** None declared.

**References**

1. Olds J. Seal finger or speck finger: a clinical condition seen in personnel handling hair seals. CMAJ 1957;76:455-7.