Chestnut explosion injury to mouth

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THE edible Spanish, or sweet, chestnut is a popular winter delicacy and roast chestnut stalls are a familiar sight up and down the country in dark evenings. During roasting, the hard outer shell cracks and when cool it is then easy to separate shell and nut. Roast chestnut has a pleasant taste, but trying for a pleasant taste resulted in an exceedingly unpleasant experience for one lady.

Case report

A healthy 27-year-old housewife was roasting chestnuts in her kitchen. Being impatient to try a nut, she bit into one before cooling it or even checking if the shell had cracked. She received a dreadful fright when the chestnut exploded between her front teeth. She had agonising pain with sore mouth, teeth and lips. When I saw her about 12 hours later, abrasion and contusions of inside lips were obvious (see photograph). Her teeth were tender but not loose. Her gums were sore but there was no obvious injury. She was treated with an analgesic and with Orabase jelly locally. She did not need any dental treatment. Over a few days she made a complete recovery.

Comment

To date no similar case has been reported, and the public at large are probably not aware of the inherent danger from exploding chestnuts. The lay press, I suggest, should make it known that the cracked shell of a roasted chestnut should be removed only when cool or with nutcrackers. A hot roast chestnut with an uncracked shell must never be put straight into the mouth.

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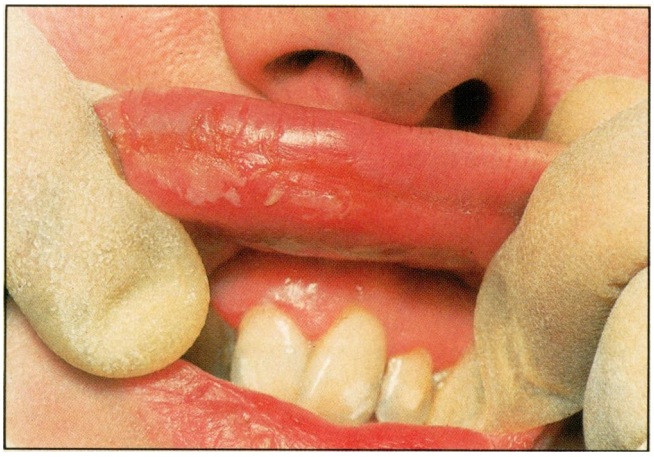

Figure 1. Appearance of patient's injured mouth about 12 hours after the accident.

Live attenuated varicella virus vaccine

The authors conducted a double-blind, placebo-controlled efficacy trial of the live attenuated Oka/Merck varicella vaccine among 956 children between the ages of 1 and 14 years, with a negative clinical history of varicella. Of the 914 children who were serologically confirmed to be susceptible to varicella, 468 received vaccine and 446 received placebo. The vaccine produced few clinical reactions and was well tolerated. There was no clinical evidence of viral spread from vaccinated children to sibling controls. Approximately eight weeks after vaccination, 94 per cent of the initially seronegative children who received vaccine had detectable antibody to varicella. During the nine-month surveillance period, 39 clinically diagnosed cases of varicella, 38 of which were confirmed by laboratory tests, occurred among study participants; no child who received vaccine contracted varicella. The vaccine was 100 per cent efficacious in preventing varicella in this population of healthy children ($P < 10^{-9}$).

Source: Weibel RE, Neff BJ, Kuter BJ, *et al.* Live attenuated varicella virus vaccine. Efficacy trial in healthy children. *N Engl J Med* 1984; **310:** 1409-1415.