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Case Report

Penetrating Self Inflicted Injury of the Laryngopharynx

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Abstract

As the adage goes "Man proposes God Disposes", presenting an unusual case of self inflicted suicidal cut throat injury.

This case is quiet unusual for quite a few reasons:

- It was initially managed at a sub divisional hospital
- The patient survived after such an injury which almost happened 18 hours prior to being brought to our center.
- Initial and timely management and referral of the patient with such an injury.

Keywords: Self Inflicted Suicidal Cut Throat Injury; Timely Management

Introduction

Penetrating self inflicted injury of the laryngopharynx is a rarity [1-3] more over the patients survival [4-6] in this case per say is worth a mention despite the 18 long hours for which the patient had to wait for the initial treatment.

Case Report

A 60 year old man presented to our casualty (a sub divisional hospital) brought by 108 ambulance service on 14/1/2022 at around 9.30 am, followed by the police claiming it to be a case of attempt to murder which according to the patients statement happened on 13/1/2022 at around 3.30 pm in an attempt to rob him by some unknown people for an amount of Rs 1000, when he was kidnapped from a dermatologist's clinic where he had gone for his treatment for leprosy.

On examination patient had neck laceration about 9x1cm over the anterior aspect extending from the anterior border of the Rt sternocleidomastoid to the anterior border of the Lt sternocleidomastoid muscle. Multiple lacerations were present on the anterior wall of the larynx and upper part of the pharynx measuring 4x3cm, 2x1cm, and 2x2cm.

His blood was sent for investigation's on an emergency basis which were as follows: RBS: 108 mg/dl, urea: 15 mg/dl, creatinine: 0,6 mg/dl, sodium: 133 mmol/L, potassium: 7.0 mmol/L, Hiv and Hbs status were negative, Bld Gp- A+.

Figure 1: Patient's photo on the casualty table showing the pharynx and trachea exposed.

Figure 2: Picture showing his blood soaked shirt and the wound almost sutured.

As the patient was almost gasping and had hoarseness and moreover had lost a lot of blood with many hours of the incidence (almost 18 hours) going by these circumstances a decision was taken to suture the wound using 3'0 prolene and 1'0 catgut after inserting a ryle's tube in the casualty.

The patient was then shifted to the post op icu with all vitals maintained and then after a few hours he was shifted to a teaching hospital for further management.

At the teaching hospital an indirect laryngoscopy was done slough was noticed at the base of the epiglottis, vocal cords were normal and mobile.

A Ct Thorax was which was reported as normal. Air leak was present through the wound and oozing of saliva was also present, laryngeal crepitus was not felt, there was no surgical emphysema. 1 pint of crossmatched blood was transfused. The patient was planned for an emergency surgery.

On table the earlier dressing which was done at our sub divisional hospital was removed and the wound was freshened, gaping was noticed and slough was present, thus wound was cleaned and secondary suturing was done using 3.0 vicryl and skin closed with 3.0 ethilon.

Ryle's tube was put and tracheostomy tube put with an external dressing given.

Post operative: patient was put on Inj Pipzo iv for 16 days, Inj.

A Metrogyl 100ml iv tid for 15 days, inj dexona 8mg tid tapering dose.

Post op day 9 sutures were removed, pod 11–tracheostomy decannulation done, day 12-- sec suturing of tracheostoma done, day 14--ryles tube removed and oral feeds started, day 16--- patient was discharged.

Discussion and Conclusion

Self inflicted cut throat injuries are commonly seen by surgeons but mostly superficial in nature with presence of hesitation cuts [7], at the same time injuries with suicidal intent is rare in the Indian population, thus sparse in literature.

This case is special as it is rare for someone to survive a major suicidal cut throat injury of this nature. The absence of hesitation cuts shows the determination of this patient to commit this act.

Tracheostomy is the usual standard protocol of management [8].

The etiology of cut throat injuries can be divided into:

1) Suicidal, (2) homicidal, (3) accidental. Suicidal attempts could be due to familial issues, psychiatric illness, and poverty [9,10].

Suicide is the 3rd leading cause of death among adults. Socioeconomic improvement of such individual's are a must thereby reducing incidence of such injuries one has to identify such people in the society without mental disorders who are at risk of suicide.

It is very important that such patients need a close and regular follow up and psychiatric counseling as such an incidence could be repeated again, and such patients need the care of family people in terms of psychological support.

Another adage being, "All is well that ends well", this patients will to live and immediate treatment and timely referral was key for this patients well being.

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