

**PP91 “THE UNEXPECTED LOOP” A  
CASE OF NEAR HANGING  
MASQUERADING AS A SEIZURE**

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**INTRODUCTION**

A breakdown of suicide cases in 2009 revealed that hanging, strangulation and suffocation are the most preferred method in Malaysia. Herein, we report a case an incomplete near-hanging which presented to us with seizure.

**CASE DESCRIPTION**

We report a 35years old male who presented to the emergency department with two episodes of generalized tonic-clonic seizures that had aborted spontaneously. The patient did not have any medical illness and he was not a known epileptic. He had a GCS of E2V2M5, normal vital signs and was aggressively moving all 4 limbs. His blood sugar was 7.2mmol/L and the urine drug test was negative. Further examination demonstrated features of asphyxiation including petechial hemorrhages in the mucous membranes and skin, subconjunctival hemorrhages and facial flushing. A faint ligature mark on the neck was seen. After further probing, his partner reluctantly admitted that the patient was seated at the door, his neck tied to a doorknob with a cloth to prevent her from leaving, and as she forced it open, it strangulated him. Subsequently, a diagnosis of Hypoxic-Ischaemic Encephalopathy secondary to asphyxiation and complicated with Status Epilepticus was made and he

was intubated and protected with a cervical collar.

**DISCUSSION**

Suicides are often attached with stigmas and an adequate clinical history may not be readily available. The diagnosis of near hanging which is the cause of the patient's seizures could therefore be easily missed. Other complications associated with hanging include vascular neck, laryngotracheal and pharyngoesophageal injuries. Cervical, hyoid & thyroid injuries are rare. However, neurological and pulmonary sequelae may occur.

**CONCLUSION**

Without a high index of suspicion, the associated complications of hanging may be overlooked to the detriment of the patient.

**KEYWORDS:** Near-hanging, suicide