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"SHORTENED AIRWAY" OPEN TRACHEAL INJURY FROM SLASHED WOUND

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INTRODUCTION

Slashed wound over at the neck may be deadly. We present a case in which a patient was lucky that the slash wound spared the carotid arteries but cut open the trachea.

CASE REPORT

A 34 years old gentleman was attacked by a gangster. His throat was slashed with a parang. The slash left his trachea open and he was breathing throught it. Patient was brought to our centre with an ambulance. On arrival, patient was able to breathe through the open trachea. No active bleeding was noted. The slash missed injuring the carotid arteries, jugular veins, thyroid gland and esophagus. Patient was immediately given IV Morphine 5 mg and Metochlopromide 10mg. He was then sedated with IV Midazolam 5mg. Patient was paralyzed with IV Suxamethonium 75mg. Endotracheal tube of the size of 7.5 mm was used to insert the trachea and the process was easy. Patients BP was 165/90 mmHg, HR 110 bpm and SpO2 88%. Better sealing was made using gauze around the entry site of the tube and the SpO2 went to 100%. The ETT end was stabilized using the head immobilizer. ENT team was called in and patient was sent to the operation theatre(OT). Intraoperatively, patient had injured hypopharynx and larynx cartilages. Laryngeal nerve was injured. Emergency tracheostomy was performed in the OT. The next morning patient undergo underwent repair and anastomoses procedure.

DISCUSSION & CONCLUSION

Airway is the most important component to be preserved in order to keep patient alive. Direct intubation using endotracheal tube may be performed in order to keep patient's airway patent. Sealing is required since the normal cuff may not be adequate. Immediate attention by both the ENT and anaesthesiology team to preserve and repair the trachea in the operation theatre is essential to save patient's life.

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'DISARMED' AMPUTATED FOREARM AT THE ELBOW JOINT

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INTRODUCTION

We present a rare trauma case in which the whole forearm was amputated from a motorvehicle accident but could be reattached with expedient emergency medical response by multiple teams.

CASE REPORT

A 32 years old gentleman had an alleged history of fall of his motorcycle. As he fell, his left elbow was cut through and through by a telephone cable by the roadside. The whole forearm was amputated. He was brought to the hospital via an ambulance and arrived along with the limb. On arrival, his GCS was full. The BP was 142/88, HR 101 bpm and SPO2 97% on air. No active bleeding was noted over his elbow stump. Fluid was started, anitetanus toxoid administered and analgesia in the form of morphine 5 mg was given. Pain was well