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POSTERS**

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Penetrating Neck Injury – Every Emergency Department’s Nightmare

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POSTER ABSTRACT

INTRODUCTION

Penetrating neck injuries are potentially catastrophic due to the structures in that lie within the neck – mainly the trachea, esophagus, carotid and vertebral arteries, and jugular veins.

CASE DESCRIPTION

A 28 years old gentleman who was stabbed in Zone 2 of the neck was brought to casualty. There was a deep laceration wound over the right lateral side of his neck that was continuously oozing, with hematoma surrounding it. He was not intubated during the initial resuscitation as there were no signs of airway or breathing compromise. Circulatory and hemorrhage control was secured by wound packing, suturing the wound, Safe O transfusion. CTA Neck revealed RCA injury - forming cervical hematoma extending down to superior mediastinum causing mass effect into surrounding structures. Patient was pushed to OT, where emergency tracheostomy was performed due to failed intubation secondary to severe tracheal deviation and compression by a large neck hematoma. Wound exploration was proceeded however RCA repair was not attempted as patient was in severe hypovolaemic shock and there was 90% arterial wall loss. Patient then succumbed following massive right cerebral acute infarct with cerebral edema.

DISCUSSION

Early intubation should be of consideration the anticipation of deterioration as there was a laceration wound in Zone 2, where the trachea is also located. The area of injury – whether blunt or penetrating must be closely monitored, looking for hard and soft signs as a hematoma can expand exponentially.

CONCLUSION

Special care and attention need to be put in dealing with cases involving neck injuries – specifically involving the CCA as the outcome of the damage to it can cause significant morbidity and mortality.

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