PP021 HUMPTY DUMPTY'S HIDE AND SEEK: A CASE OF PENETRATING NECK INJURY

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INTRODUCTION

Penetrating neck injury compose almost 10% of all trauma cases. Underestimating the extent of a seemingly superficial neck wound could mislead and delay surgical intervention.

CASE PRESENTATION

A 35 years old gentleman walked into the ER at sunrise under alcohol influence, claiming he had tumbled down a staircase the day before, sustaining pain over right side of chest and a wound over the left side of his neck approximately 5cm which was sutured immediately by the villager in a traditional manner. Upon initial assessment he had crepitus over left side of his neck surrounding the wound, reduced air entry over the right side, Saturation of 92% and tachycardic. Chest radiograph showed right side pneumothorax with multiple fractures hence chest tube was inserted. CT Cervical was done later due to his persistent neck pain. He was later intubated in view of impending respiratory collapse and a second chest tube was inserted over the right side as lung not expanding. The wound was later explored and noted to have multiple debris of wood and exposing the sternocledoid muscle. CT cervical and CT Thorax done showed 3cm x 9cm well delineated foreign body penetrating left side of neck, traversing into superior posterior mediastinum and right pleural space, surrounded by a focal air collection and extraluminal air locules surrounding esophagus, sparing the great vessel. Thoracic duct injury with chylothorax was suspected due to its close proximity with the foreign

body. Patient was transferred to a tertiary centre with ENT specialty for foreign body removal unfortunately succumbed to death post removal.

CONCLUSION AND DISCUSSION

Patients under the influence of alcohol are poor historians leaving doubt as to the mechanism or seriousness of a neck injury. A simple neck wound does not exclude the possibility of penetration and retention of foreign or organic material.