


Transcervical penetrating neck injury without damage to vital structures

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A patient attempted suicide by self-stabbing in the neck with a large pair of 24cm scissors (Figure 1). They underwent x-ray (Figure 2) in two projections, gastroscopy, bronchoscopy, Doppler ultrasound of the neck vessels and assessment by general, maxillofacial and otolaryngology surgeons. Under general anesthesia, the scissors were removed, the wound was debrided and a tube drain inserted – no vital structures were injured. The post-operative period was uneventful. This case shows that even complete transcervical penetrating injury may not injury any vital organs.

There is no consensus about the scope of surgery for neck injuries, with underestimation of possible damage leading to death in 2.5% of people due to missed damage to the esophagus and the great arteries of the neck.¹ In this case, the patient was assessed by a number of specialties to ensure that there was no vital structure injury allowing a limited surgical approach to weapon removal and debridement. In a similar case, Mosyagin et al debrided more extensively



Figure 1. AP view of neck with self-inflicted scissor wound.



Figure 2. AP radiograph demonstrating transcervical path of the injury.

with slower recovery and suggest that the operation be tailored to the circumstances and investigation findings to allow rapid recovery.²

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