



A Rare Self-Inflicted Stabbing to the Neck Injuring the Distal Trachea and Proximal Esophagus

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Introduction

Penetrating neck trauma poses significant risk to multiple vital structures, which if not treated immediately may lead to devastating consequences. There are multiple “hard signs” on patient presentation described in the literature that serve as indications for emergent operative repair.¹

Our case report describes a unique patient presentation where a self-inflicted stab injury through the same wound injured both the trachea and esophagus in separate locations distanced by about 15cm, which occurred as a result of the patient stabbing himself in a “sawing” motion. We were able to successfully diagnose and treat both injuries despite their distance from each other, demonstrating the importance of thorough intraoperative examination as the proximal esophageal injury may have been easily missed.

Case Report

Our patient initially presented as a trauma after sustaining self-inflicted stab wounds to the neck. There was obvious air escape from a midline wound overlying the sternal notch. He was taken to operating room emergently for exploration. Intra-operatively, a left neck exploration and a median sternotomy were performed revealing a distal tracheal injury posterior to the root of the aorta. Following repair and buttress with posterior pericardium, an EGD was performed and discovered a much more proximal left sided full-thickness esophageal injury.

Both injuries were the result of separate stab entries into the same midline wound. The esophageal injury was repaired and buttressed with the sternocleidomastoid. He was admitted to the ICU postoperatively.

His hospital course was complicated by a recurrent right loculated pleural effusion requiring thoracoscopy with decortication. He otherwise did well post-operatively and was able to tolerate a mechanically altered diet before being discharged home with family.

Conclusion

To our knowledge this case report is unique in bringing this circumstance to the literature, demonstrating the importance of full intra-operative examination to assess for concomitant wounds in stab injuries after the initial pathology has been found and the initial stab trajectory understood.

References

1. Nowicki JL, Stew B, Ooi E. Penetrating neck injuries: a guide to evaluation and management. *Ann R Coll Surg Engl*. 2018;100(1):6-11. doi:10.1308/rcsbull.2018.6

