

Self-cut throat injury in a post burn neck contracture: A blessing in disguise

Jyoshid R B

Senior Consultant, Dept. of Plastic Surgery, Sushrutha Institute of Plastic Reconstructive and Aesthetic Surgery, Thrissur, Kerala, India

*Corresponding Author: Jyoshid R B

Email: drjosh4u@gmail.com

Abstract

Post burn contracture (PBC) neck with its major functional and aesthetic disabilities can be traumatic to the victim. Most of them are mentally stressed out to different dimensions. Here we present a case of a young lady with PBC neck, who committed self-cut throat injury. On presentation the neck wound was strap muscle of neck deep. We did complete release of contracture and covered with split thickness skin grafting achieving a good result. According to the author's best knowledge self-cut throat injury in a PBC neck patient is not reported in literature to date.

Keywords: Post burn contracture neck, Suicide, Cut throat.

Introduction

Cut throat injury as a mode of suicide is not uncommon. The common structures injured during these injuries are platysma, strap muscles, thyroid gland, major vasculatures and in worst cases may extend to the tracheobronchial tree and esophagus.¹ another common mode of suicide burns, leaves the victim minor to major post burn sequelae. Among these, post burn contracture (PBC) neck is so common and is severely debilitating. Here we present a case of post burn contracture neck who attempted suicide in the form of cut throat escapes with release of her neck contracture by her own hands. This is the first case of self-release of post burn contracture neck in literature to our best knowledge.

Case Report

Our patient is a 34 year old female, a known case of depression and post burn sequelae presented to the emergency department with a self-inflicted cut throat injury. She was living with the sequelae of burn injury in the form of neck contracture, left upper and lower eyelid ectropion, lower lip ectropion and facial scarring. On the day of injury she was found in a pool of blood with a knife in her hand by her. Examination revealed a neck wound of 12 X10 cm with active bleeding (Fig. 1). Her vitals were stable and she was conscious. The bleeding was controlled with pressure and she was shifted to operation theatre and her neck was explored. The cut was extending to the trachea cutting the strap muscles and sparing the carotid artery, internal jugular vein and the trachea. Her neck contracture was noted to be up to 80% released on admission on right side crossing the midline. Full release of her neck contracture was done and the wound was covered with split thickness skin graft harvested from the thigh. We were able to achieve complete release with achievement of normal cervicomental angle (Fig. 2).

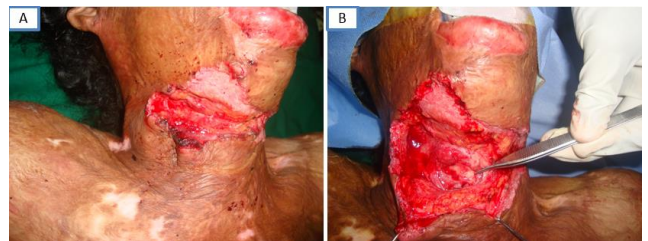


Fig. 1: A. Neck wound pre-operative, B. Neck wound post release showing severed strap muscles.



Fig. 2: One month post-operative picture-Complete release of contracture neck with achievement of normal cervicomental angle.

Discussion

The most common cause of cut throat injury is suicidal attempts worldwide. The exact incidence of cut throat injury in our country is not known since the published data is very less. The management of cut throat injury is like any other major trauma starting from airway, breathing and maintain circulation following that the surgical management commences. The injury may be a simple skin laceration or a life threatening major vascular injury. The incidence of

tracheobronchial injury and esophageal injuries are also not rare in these injuries.¹

Bhattacharjee N, et al.² In their study on cut throat injury noticed that these injuries are more common in patients from low socioeconomic status. They also document that the reason for self-inflicted neck cut are familial conflicts poverty and psychiatric disorders. Our patient is from low socioeconomic stratum with her husband being a drunkard. Unemployment and poor socioeconomic status is also noted to be the common reason for suicidal cut throat injuries.³

Burns, another common mode of suicide is also more common in poor socioeconomic status. Recently the management of burns is improved drastically worldwide. The improved management of burns results in patients with more post burn sequelae in the form of scarring and contractures. Post burn contracture management may extend from simple release and grafting to release and free flap cover.⁴⁻⁶ This can be done under local or general anaesthesia.⁷

Our patient being a known case of depressive illness and she was not seeking any medical attention for her psychiatric illness or post burn sequelae. This attempt of suicide made her visit our hospital and the release gave her more hope and she was very enthusiastic to get further surgeries done. This is the first case report of self-release of post burn contracture neck to best of our knowledge.

Conclusion

Post burn sequelae often leads to depression and its management is very important to avoid untoward consequences.

Conflicts of Interest

None declared.

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None.

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