

## Case Blog

### **Title: Suicidal Cut Throat Patient – Thyroid Cartilage Totally Injured**

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### **Introduction**

Cut throat injuries can be either suicidal or homicidal. These are well recognized methods of homicide and are less commonly used in suicides and are very rarely accidental. Suicide is one of the leading causes of death in the world. The incidence and pattern of suicide vary from country to country. Cultural, religious and social value plays a vital role.

Psychiatric illness, psychological stress and poverty are some of the associated factors of suicidal cut throat injury. Here is a case report of a patient who tried to commit suicide by cutting his own neck.

### **Case Report**

55 years old adult male patient attended emergency department of RG Kar Medical College and hospital with alleged history of self-inflicted cut throat suicidal attempt because of family problem. The patient was a known case of border line personality disorder, with already 2 attempts of trying to commit suicide. Earlier he has tried to commit suicide by hanging. He had an argument with his wife and anxiously he had taken a sharp knife and started cutting his own throat. The patient was immediately taken to RG Kar hospital. On examination his airway was found open, Larynx was exposed without any major blood vessel injury (Video 1). There was hesitation marks in the wound proving it to be mostly associated with suicide. Then immediately patient was prepared for emergency wound exploration and repair. First air way was secured by doing a tracheostomy. After that bleeding point was secured. The thyroid cartilage injury was carefully repaired with prolene 3 – 0. Haemostasis secured and wound was closed by layers. There was no injury to pharynx or oesophagus. Ryle's tube was inserted. Patient was discharged on 15th post-operative day, after thorough evaluation and psychiatric counselling.

### **Discussion**

Injuries of the neck are divided into three anatomic zones for the purpose of ease of assessment [1].

1. Zone I injuries occur at the thoracic inlet. This zone extends from the level of the cricoid cartilage to the clavicles.
2. Zone II injuries are those occurring in the region between the cricoid cartilage and the angle of the mandible. Injuries in this zone are the easiest to expose and evaluate

3. Zone III injuries occur between the angle of the mandible and the base of the skull.

Hence this patient had a zone 2 injury. It was not associated with any major blood vessel injury and hence immediate emergency exploration was planned.

Assessment of these patients begins with the ABCs of resuscitation i.e. checking the airway, evaluating the patient's breathing and circulation. Resuscitation of individuals is commenced immediately

1. The anaesthesiologist secures an uncompromised airway and makes sure the patient is breathing.
2. The otorhinolaryngologist assesses the injury and surgically repairs the severed tissues with the aim of restoration of breathing, swallowing and phonation.
3. The psychiatrist provides adequate care and supervision during and after surgical repair of severed tissues.

Mental health intervention is one of the most important parts of managing suicidal cut throat attempts. After suicidal behaviour is addressed, any underlying disorders should be treated. Mental disorders like depression, schizophrenia, substance abuse, alcohol dependence should be sought from proper clinical assessment of individuals and treated [2].

## Conclusion

This requires the close collaboration of the Otorhinolaryngologist, the anaesthesiologist and the psychiatrist. Our treatment is not ending with discharging the patient. Proper follow up is very much essential to save these patients from death.

### Conflicts of Interest

The authors declare there are no conflicts of interest

### Funds

There is no funding for this publication.

## References

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