**WATCHOUT! DON’T BE DECEIVED BY A GOOD FIRST IMPRESSION: A CASE OF SMALL PENETRATING NECK INJURY (PNI) WITH COMMON CAROTID ARTERY(CCA) CUT**

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**Introduction**

Vascular injuries are the leading cause of death in penetrating neck injuries (PNI), accounting for up to 40% of cases. Carotid artery injuries represent 45% of penetrating neck vascular traumas.

**Case Description**

A male foreign national was brought to the emergency department (ED) by ambulance following a suspected fall. Due to a language barrier, the exact mechanism of injury was unclear. The patient had a laceration wound in Zone II of the neck, measuring 2 cm x 1 cm and hemodynamically stable. The Ear, Nose, and Throat (ENT) team was consulted, and a flexible nasopharyngolaryngoscopy (FNPLS) showed no airway injury. This led to a computed tomography (CT) scan of the neck, which revealed a left common carotid artery (CCA) injury with pseudoaneurysm formation and active hemorrhage. The vascular team was consulted, and urgent neck exploration was planned. While awaiting the operating theater (OT) call in the ED, the patient experienced profuse bleeding from the wound site due to probing during assessment by multiple teams and mobilization for the CT scan. One-point compression was maintained until the patient reached the OT. Intraoperative findings included a deep laceration wound in Zone II, a clean cut at the left CCA, and a large surrounding hematoma. The patient was discharged after four days without neurological deficits.

**Discussion**

The index of suspicion for neck injury is influenced by the injury zone, with most Zone II injuries necessitating surgical intervention. Physical examination is highly sensitive for detecting vascular injuries and accurately identifies arterial injuries. In this case, the initial severity was masked by the absence of active bleeding. However, once profuse bleeding commences, supported by CT evidence, a prompt vascular team referral and urgent surgical exploration is critical to the patient's survival.

**Conclusion**

When managing a PNI patient with evidence of hard signs, it is crucial to be vigilant for vascular injuries. Minimizing wound exploration in the ED and reducing patient mobilization can prevent triggering bleeding. The primary goal is to mitigate the progression of vascular injury, decrease ischemic events, and improve neurological outcomes and survival rates.

**Keywords**

Penetrating neck injury, Common carotid Artery