MURDER IN MY MIND (

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Abstract

**Introduction**: Neck trauma is a relatively uncommon presentation of traumatic injuries but it is associated with high morbidity and mortality if left untreated immediately. The mortality associated with neck injury is up to 10% predominantly penetrating neck injury with vascular injuries. Almost a quarter of of penetrating neck injury may have carotid artery injury involvement. The most prevalent causes of neck trauma include motor vehicle accident, stab wounds, gunshot wounds, machinery injury, falls, assault and self-inflicted in suicide. Neck trauma can be categorized into penetrating neck injury (PNI), blunt neck trauma and strangulation. Both penetrating and blunt neck trauma can present with minimal to no symptoms initially, a high index of suspicion is therefore required.

**Clinical Presentation**: A 26 year old Sri Lankan with no known medical illness allegedly commit suicide by slashing his own throat, stab his abdomen and left wrist using kitchen knife. He presented to emergency department with a large open neck wound and a transected trachea and requiring a tracheal tube insertion. Despite the large neck laceration wound, he appears to be stable hemodynamically. He was taken to operation theatre and surgery was performed for neck exploration and refashioning.

**Conclusion:** Neck is relatively open structures with lack of protection, injuries to the neck should be carefully assessed by emergency clinician. Approach to neck injuries is guided by hemodynamically stability plus hard and soft signs. No zonal approach is a contemporary method against the zonal approach management and further research, consensus is warranted to continue providing the best clinical evidence for patient with penetrating neck injuries.