SMU
Sikkim Manipal University
SMU Medical Journal
ISSN : 2349 – 1604 (Volume – 2, No. 2, July 2015) Letter to Editor
Indexed in SIS (USA), ASI (Germany), I2OR (India) and SJIF (Morocco) databases
Impact Factor: 3.835 (SJIF)

Suicidal Cut Throat Injury

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Manuscript received : 16.04.2015
Manuscript accepted: 31.05.2015

A 37 year old married male, tea garden labourer with long standing history of alcohol abuse presented to the emergency department with self inflicted cut throat injury with a razor blade. There was no history of any suicidal attempts in the past. There was no history of any psychiatric illness in the past. On general examination the patient was pale with a pulse rate of 110beats/min and low volume pulse. BP was recorded to be 90/60mm Hg. There was a clean cut wound in the front of the neck of size

approximately 12 cm X 10 cm X 5cm. The wound margins were ragged with multiple hesitation cuts. The wound was situated between the thyroid cartilage and the hyoid bone. The thyrohyoid membrane was cut and the supraglottic larynx and hypopharynx were exposed. The epiglottis, aryepiglottic fold, false cords and the true cords were spared. The wound involved the external jugular and the anterior jugular veins but the internal jugular and the carotid artery were spared. There was no evidence of airway compromise. The patient was resuscitated and the pharyngeal wound was repaired under general anaesthesia. The repair was done in layers after achieving satisfactory haemostasis. Tracheostomy was not done. The patient was kept on nasogastric feeding for 10 days. The patient underwent psychiatric evaluation and antipsychotic medications were started . Recovery was uneventful.

Suicide is one of the common mode of death worldwide and alcohol abuse has been attributed to be one of the causes that can precipitate suicidal tendencies [1] . Cutting or mutilation of body parts is the most common method of self injury. It has been seen that most self injurers cut the extremities or abdomen and not the neck [2]. Suicide by cut throat is uncommon when compared to other modes of suicidal deaths [3]. Cut throat injuries pose a challenge in management because of risk of aspiration, shock and impending airway obstruction due to mucosal edema. Wounds below the level of the thyroid cartilage are at increased risk of airway compromise due to the narrow airway calibre and require emergency tracheostomy most of the time. These injuries require multidisciplinary approach with the involvement of the otolaryngologist, anaesthesiologist and psychiatrist.

In this case we would like to emphasise on the fact that cut throat injuries are not an uncommon scenario in our day to day practice. It may be suicidal, homicidal or accidental. With the rise in substance abuse among young adults, suicidal cut throat injuries are also on the rise [4].Timely intervention in case of such injury can save the life

of the patient. Tracheostomy is not always required for the airway management. Secondly these injuries are at risk of complications like secondary infection and pharyngocutaneos fistula if the repair is not done well [5].

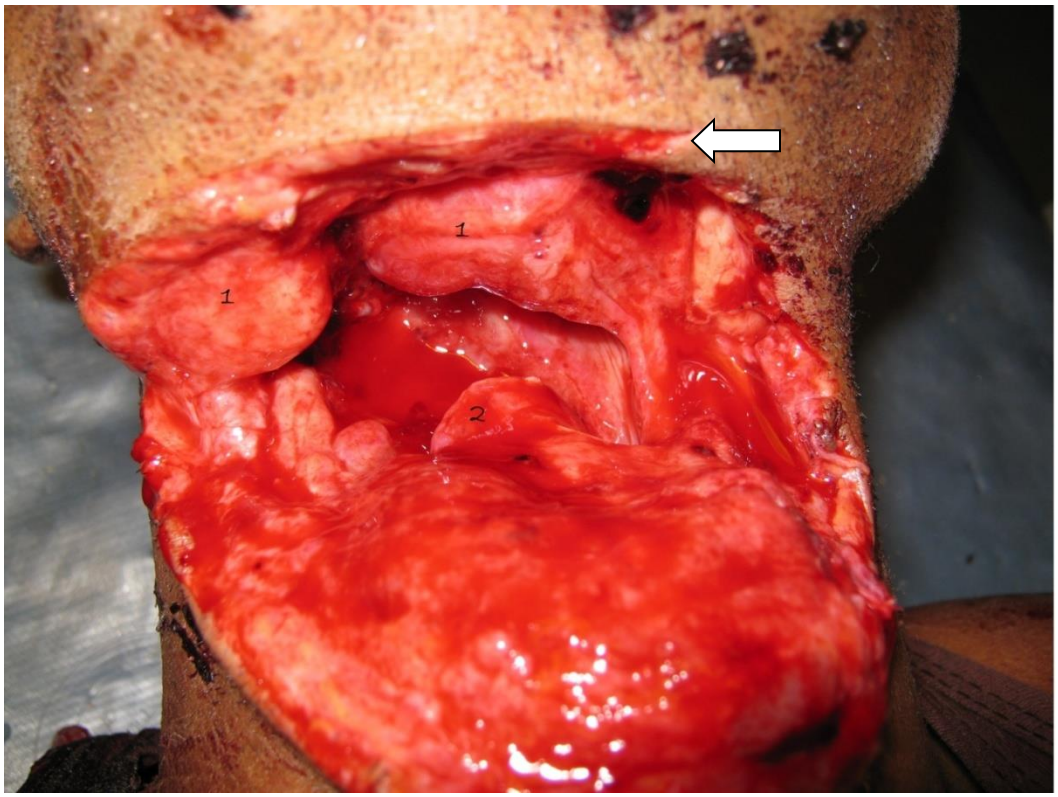

Fig: Cut throat injury. Submandibular salivary gland (1) , epiglottis (2) , tentative cut (white arrow)

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SMU Medical Journal, Volume – 2, No. – 2, July, 2015, PP. 228 – 231.