

CASE STUDY

PATIENT OF HOMICIDAL TRAUMA CAME WITH SHAR POBJECT IN SITU

Aher Kalyani Dnyaneshwar¹ and RamprasadMurmure²

1.Postgraduate Resident, Department Of General Surgery, Lokmanya Tilak Municipal Medical College And Hospital, Sion Mumbai

2. Assistant Professor, Department Of General Surgery, Lokmanya Tilak Municipal Medical College And Hospital, Sion Mumbai

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Abstract

The incidence of penetrating trauma, which includes injuries caused by objects that breach the skin and enter the body, is estimated to be 10–15% of all traumas. Penetrating injuries with an in situ object are relatively rare, but when they occur, they can be life-threatening and can significantly increase the risk of complications and mortality."

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Introduction:-

Broken ribs are a common chest injury, often causing pain and difficulty breathing. Chest injuries can be of types, like rib fracture, Pneumothorax, Hemothorax, Pulmonary Contusion, Cardiac Tamponade, Diaphragmatic Rupture. According to ATLS (Advanced Trauma Life Support) guidelines, the following chest trauma types are considered immediately life-threatening: Airway obstruction, Tension pneumothorax, Open pneumothorax, Flail chest, Massive hemothorax, Cardiac tamponade.

Case Study-

A young 18-year-old male from Mumbai, presented in our emergency, after 2–3 hrs of assault by an unknown person with a sharp small knife over his back. The entry wound was over the back upper midline . On presentation, the patient was conscious and oriented respiratory rate was 20 per minute, pulse rate was 94 beats per minute and blood pressure was 110/80 mm Hg. There was no active bleeding externally. Subcutaneous emphysema absent. On auscultation, air entry was equal on both sides. Fluids, analgesics, antibiotics given. The chest X-ray was within the normal limit and a foreign body was seen in situ (fig.01, fig. 02). HRCT chest suggestive of knife blade in subcutaneous plane, no hemothorax or pneumothorax. Rest within normal limits. The patient was taken up for surgery, local wound exploration done and sharp object removed, hemostasis achieved, and the post– procedure patient was hemodynamically stable. Post-procedure image of knife (fig.03).

Discussion:-

Most chest injuries can be managed conservatively. Only 18.32% of patients required tube thoracostomy and 2.6% needed thoracotomy.¹

The leading cause of trauma was violence (41%), followed by traffic accidents (33%).²Open pneumothorax can be recognized by the air drifting through the wound, synchronously with breathing and may be visibly bubbling. During inspiration, when a negative intra-thoracic pressure is generated, air is entered into the chest cavity not

Corresponding Author:-Aher Kalyani Dnyaneshwar Address:- Postgraduate Resident, Department Of General Surgery, Lokmanya TilakMunicipal Medical College And Hospital,Sion Mumbai through the trachea but through the hole in the chest wall. This is because the chest wall defect is much shorter than the trachea, and hence provides less resistance to flow. Once the size of the hole is more than 0.75 times the size of the trachea, air preferentially enters through the thoracic cavity $.^{3}$

Conclusion:-

Chest trauma is increasing an increasing number. So early assessment, accurate diagnosis and no attempt to remove the penetrating foreign body and planning of a key role in successful management are important.



Fig 01:- Anteroposterior view of Chest.



Fig 02:-Lateral view of chest X-ray.



Fig 03:-Post procedure image of knife.

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