

## LACERATION TO THE NECK:

46 y/o male who stated he was cut across the neck by a passerby. Medics found the patient on the street with “neck splayed open and trach exposed”. Pressure applied to the neck and patient was noted to be hypertensive and well oxygenated.

At the hospital patient was noted to have a 7-inch laceration through the trachea but missing the major vessels. Taken to the OR and a tracheostomy and Peg tube were placed with closure of the wound.

Patient found to have cut himself with a circular saw at home and walked out onto the street. He was ultimately transferred to a psychiatric facility.

Discussion: Here we have heavy bleeding to the neck with a cut through the trachea. Bleeding control and airway management obviously need to be addressed. Involvement of the carotid vessels could have been lethal and also resulted in a stroke. Compression and pressure of the wounds may or may not have added to any airway compromise. In the event the patient needed ventilatory support, a supraglottic tube most likely would not work because the air pushed in above the vocal cords would have escaped through the tracheal laceration. An ETT would be the appropriate option as it could be placed below the laceration. A bougie would potentially help navigate any bleeding in the back of the throat. If it were necessary to secure the airway and the traditional method did not work, a possible route for intubation could be placing the ETT through the laceration and into the trachea. A bougie could be used as the stylet and the balloon of the ETT could also assist in compressing any bleeding inside the trachea. Once secured, pressure dressing and packing could be used to control any other bleeding.