



A transfixing wound of the shoulder: An interesting case

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ABSTRACT

We report the case of a 35 year old man who was assaulted by knife landing on the posterior aspect of the left shoulder causing a transfixing wound and imprisonment of a large metallic blade under the scapular region has gone unnoticed and migrated in the shoulder while sparing the axillary vessels and the left brachial plexus. careful dissection after exploration of the axillary nerve vessel bundle allowed the extraction of the knife, which measured 10 cm in length

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Introduction

The transfixing wounds remain a rising pathology, The stab wounds are the most common. witness to the violence of the great cities of the world.

We report the case of a young man who had come to the hospital for penetrating Injury on his back caused by a knife following an assault. The important principles of surgical management that helped contribute to the success are described, based on careful preoperative planning and a multidisciplinary approach. This type of injury is life-threatening requiring major surgical consideration. Our goal is to evaluate our results in the short and medium term in a penetrating wound of the shoulder to adopt a diagnostic and therapeutic approach suited to our context. [1]

Fig.1. Radiograph of the left shoulder showing the position of the knife



Presentation of the case

This is a young man MH, aged 35, without specific medical history, who was the victim of five months of aggression stabbed on the posterior of the left shoulder. the patient was initially admitted to a health center. The initial treatment was debridement of the wound, a simple suture, antibioprofilaxie; injection of anti tetanus serum. and analgesics. 3 months later; the patient is admitted to the emergency limiting the mobility of the left shoulder.

Dermal scar at the posterior of the shoulder measuring 1 centimeter; fistula at the axilla bringing pus with limited

mobilization of the shoulder. Adduction, abduction, external and internal rotation were impossible.

Nervous and vascular examination of the left upper limb were normal. [2]

Plain radiographs revealed a radiopaque image at the left axillary cavity for a knife blade that is broken, and is incarcerated in the patient's back, then it migrated from the rear wall of the shoulder to the level of the anterior compartment of the left arm. (Fig. 1)

The arterial and venous Doppler echo of the upper left limb was normal.

The patient was taken to the operating room (Fig.2) careful dissection allowed the extraction of a large metal blade, that of the sharp tip of the knife, which measured 10 cm in length. (Fig.3)



Fig 2. Photo showing the extraction of the knife in the axilla



Fig.3. Photo showing the knife after extraction

After removal of the foreign body, it was a careful hemostasis, and step by step closing of the wound. The postoperative course was uneventful

Results and Discussion:

-Understanding the magnitude of the lesion is extremely important to plan the appropriate surgical approach

-The transfixing object must be extracted in the operating room under direct vision to prevent uncontrolled bleeding

-No attempt should be performed on site to remove the object impaled.

-While we recognize the need for the operating room with patients in an unstable state, we believe there is a place for a more selective and calculated approach, including radiological investigations directed towards finding out the exact nature and extent of injuries in hemodynamically stable patients. CT and aortography detecting the aortic injury component preoperatively, however the doubt in vascular lesions of the carotid arteries and the subclavian could not be excluded in that case. [3]

The initial evaluation of chest trauma requires the systematic application of a standardized procedure whose purpose is to prioritize injuries and perform life-saving therapeutic procedures as appropriate. Cooperation between the surgeon, intensivist and emergency room throughout the diagnostic and therapeutic management of these serious trauma is essential.

Conclusion

This major trauma especially existing in our countries, from the mortality and morbidity point of view, depends greatly on the inpatient pre-medication and the existing medical technology.

Chest trauma is a common incident that can cause respiratory distress and / or hemodynamic distress. The main cause is penetration of the thorax. The major issue in the management of these injuries is the initial assessment in the trauma room.

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