Chest trauma: suicide by sharp force

Sayyed Majid Sadrzadeh (MD)¹, Elnaz Vafadar Moradi (MD)¹, Seyed Mohammad Mousavi (MD)¹, Behrang Rezvani Kakhki (MD)¹, Vajiheh Shayesteh Bilandi (MD)¹, Shaghayegh Rahmani (MD)¹*

¹Department of Emergency Medicine. Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

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Introduction: In this article, we report a case of penetrating chest trauma as a suicide attempt.
Case Report: A 40-year-old man complained of chest pain following a fall from a height (about three days ago). The patient refused to provide a complete history. After obtaining new and detailed patient’s history from his father and reviewing his psychiatric file, it was determined that he performed trauma with the intention of committing suicide to his chest with a metal wire. There were two points of injury in his left hemithorax with infected crusts. Radiologic evaluation showed two foreign bodies in left hemithorax and hemothorax. Patient underwent surgery and finally was transferred to psychiatry unit.

Conclusion: It is important to get a detailed history of patients, especially those with mental disabilities and psychiatric disorders. Careful examination of these patients is recommended, even with the initial examinations.

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Introduction

In the current world, trauma is one of the leading cause of death, hospitalization, and disability in all age groups (1). Chest trauma alone accounts for 45% of all trauma-related deaths. A new analytic study showed that many chest trauma related death occurred before patients arrived to emergency department (2). Although chest trauma is fatal, emergent surgery is needed only in 15% of cases. And conservative treatment might be enough in many cases. A survey of 600 trauma-related deaths revealed that more than half of them are preventable with a prompt and early and appropriate diagnosis and interventions (3). The patient's medical record and documentation is important in patients evaluation and diagnostic and therapeutic measures and is the first and most crucial source of information. The accurate method of completing records has a significant impact on reducing medical error and leading to proper diagnosis and on time treatment of patients. Documenting medical records is an important legal and professional need because it can be used for research and quality assessment in addition to facilitating the exchange of patient information for medical team members (4).
History taking is not easily possible in some cases in emergency department, because of emergency room overcrowding or lack of time. On the other hand some patients do not cooperate with their physician such as psychiatric patients or children (5). In this study, we report a case of penetrating chest trauma as a suicide attempt.

**Case Report**

A 40-year-old man has been referred to our trauma center, complained from lower chest pain following a fall from a height (about three days ago). At the time of admission, the patient was triaged to the orthopedic fasting room as a Level 4 of patients based on stable vital signs and history of previous trauma. At first the patient entered the examination room without accompaniment. In initial evaluation he told that he fall from the scaffold (about two meters high) three days earlier. In a quick and brief initial examination, the patient complained of the left lower hemithorax pain and tenderness. There were two points of injury in his left hemithorax with infected crusts. Other examinations showed no pathological evidence, and the patient did not mention a history of previous illness and drug use. A plain chest radiographs (posterior/anterior and lateral views) was obtained from patient (figure-1).

![Figure 1: A-PA view of chest (Red arrow: Two foreign objects with possibly metallic density, left side blunt costophrenic angle), B- lateral view of chest](image)

Radiographs showed evidence of left side blunt costophrenic angle and two foreign bodies in the left hemithorax. Surgical consultation was performed for the patient. The surgeon discharged the patient by telephone after seeing radiographs and referred him to an outpatient surgery clinic. According to the patient's condition, the emergency medicine specialist decided to admit and perform a chest CT scan for patient (Figure 2).

Based on the new finding obtained from the radiologic examination, the patient asked for a detailed history, but he refused to provide a complete history. After obtaining new and detailed patient's history from his father and reviewing his psychiatric file, it was determined that he performed trauma with the intention of committing suicide to his
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