Penetrating Neck Injury (violation of platysma)

- Digital control of active arterial bleeding is top priority
- Common carotid or internal carotid injury should be repair
- IJ vein can be ligated if injured
- Physical exam is 95% sensitive to diagnosed an arterial injury but lower for aerodigestive injury
- Contrast swallow studies are less sensitive in detecting hypopharyngeal injuries compared to esophageal injuries, therefore is suspicion for hypopharyngeal injuries flexible nasoendoscopy should be considered
- Asymptomatic patients with penetrating neck trauma should be admitted at least for 24h observation

Operative Exploration or Zone I/II endovascular approach

Hemodynamically Unstable

Symptomatic Hemodynamically Stable
- Dysphagia
- Venous bleeding
- Hoarseness
- Subcutaneous air
- Hematoma
- Stridor
- Odynophagia

Asymptomatic hemodynamically Stable

Zone I
Chest & neck

Zone II
Head & neck

Zone III
Transcervical GSW

All others

Concern for aerodigestive injury

EGD
Esophagram
Bronchoscopy

Flexible Nasoendoscopy Bronchoscopy

Observe

LD Britt. Penetrating Neck Trauma. SDM. 2017
Davis et al. Penetrating Neck Trauma. Abernathy’s Surgical Secrets. 2017
Updated MA-C 8/2017