Through-and-through Stab Wound of the Cervical Spine with Retained Weapon but No Neurologic Repercussions: An Exceptionally Rare Injury and the Case for Direct Foreign Body Withdrawal

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DISCLOSURES

NONE
Non-Missile Penetrating Spinal Injuries

• Rare, usually posterior neck or chest

• Potentially disabling, Brown-Séquard most common

• Foreign body occasionally retained (typically part of weapon)

37-year old man, stab wound to R neck

Retained lance

Neurologically intact
37-year old man, stab wound to R neck
DSA: vertebral arteries intact
Management: Direct Withdrawal in OR

- GETA
- Intraoperative fluoroscopy
- Neurophysiologic monitoring

- Lance successfully withdrawn
- No complications, neurologically intact
- Patient discharged home POD#1
Conclusions

Stab wounds of the spinal canal with a retained foreign body may be successfully managed via simple direct withdrawal.

Whether this constitutes a safe alternative to open surgical exploration should be determined on a case-by-case basis after careful review of spinal and vascular imaging.
Conclusions

Absence of significant neurologic or vascular injury is an absolute prerequisite to direct withdrawal before withdrawal is attempted, preparations should be made for possible conversion to open surgical exploration in the rare event of active hemorrhage, expanding hematoma, or acute neurologic deterioration.