

Późne powikłanie postrzału po 50-letnim bezobjawowym okresie zalegania pocisku w szyi – opis przypadku

A late complication of the 50 years presence of the bullet in the neck – a case report

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Autorzy przedstawiają przypadek wystąpienia późnych powikłań po postrzale z broni palnej w szyję, które pojawiły się po 50 latach bezobjawowego zalegania pocisku w tkankach miękkich szyi. Przy przyjęciu 80-letni chory skarżył się na występujące od około 3 miesięcy uczucie przeszkody w gardle po stronie prawej podczas połykania. Podawał, że przed 50 laty miał usuwany pocisk z okolicy karku po postrzale w czasie działań wojennych. W badaniu przedmiotowym stwierdzono znaczne uwypuklenie bocznej ściany gardła po stronie prawej tuż nad zachyłkiem gruszkowatym. Badanie obrazowe tomografii komputerowej wykazało obecność ciała obcego w kształcie pocisku otoczonego przestrzenią płynową, uciskającą otaczające struktury. Narastanie dolegliwości, wynik badania przedmiotowego oraz tomografii komputerowej zadecydowały o zakwalifikowaniu pacjenta do interwencji chirurgicznej usunięcia ciała obcego. Pocisk usunięto w znieczuleniu ogólnym. Przebieg pooperacyjny bez powikłań. Autorzy wnioskują, że przed przystąpieniem do leczenia pacjentów po postrzale, konieczne jest wykonanie radiologicznych badań obrazowych, gdyż jeden otwór wlotowy może być miejscem wejścia więcej niż jednego pocisku, jak było w przypadku opisywanego pacjenta. Pięćdziesięcioletni okres bezobjawowego zalegania pocisku nie wyklucza wystąpienia późnych powikłań związanych z reakcją ciała obcego z tkankami otaczającymi.

Słowa kluczowe: postrzał, szyja, późne powikłania

The authors describe a case of complications of a gunshot in the neck after a 50-year asymptomatic period. He reported that 50 years ago he had a bullet removed from the neck area after a shot received during warfare. An 80-year-old male patient on admission reported a sensation of an obstacle in the right side of the throat while swallowing, present for the last three months. The examination revealed a bulge at the right side of the throat above the piriform recess. Computed tomography imaging revealed a bullet-shaped foreign body surrounded by fluid and exerting pressure onto the surrounding structures. Growing patient's suffering and the results of physical examinations determined the decision to remove the foreign body by surgery. The bullet was removed under general anaesthesia. There were no post-operative complications the authors conclude that treatment of patients after shot injury should be preceded by X-ray imaging, because more than one bullet may enter the same inlet opening, as it was in the reported case. The 50 years of bullet's asymptomatic stay in patient's body does not exclude late complications attributable to foreign body's reaction with the surrounding tissues.

Key words: gunshot wound, neck, late complication

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CASE REPORT

An 80-year-old male patient was referred to the ENT Department because of foreign body present in the soft tissues of the neck. The foreign body was

noticed on the cervicle spine X-ray ordered by the family doctor while looking for the cause of two short-lasting lapses of consciousness 3 months prior to the hospital admission.

The patient reported that 50 years before, during the military operations he had been shot in the nuchal region for which he had already been operated on and the bullet had been removed. No ailments related to the incident were experienced by the patient since then. On admission to hospital patient presented with the complain of sensation of obstacle while swallowing in the right side of the throat for the last three months.

Physical examination, revealed a slight protrusion on the lateral wall of the right side of the pharynx at the level of the piriform recess and a barely visible post gunshot wound scar in the nuchal region on the right. Further examination of the head and neck revealed no abnormalities.

Computed tomography of the neck revealed a metallic foreign body in the area of parapharyngeal soft tissues, in the posteriolateral part of the pharynx, on the right, at the level of the piriform recess. The foreign body was shaped like a bullet and in the upper part it was surrounded by a 20mm wide hyperdense structure. Soft tissue swelling was also noticed in this area. The piriform recess and the right side of the pharynx region were deformed along with the compression of epiglottis and constriction in the laryngeal part of the pharynx (Fig. 1, Fig. 2). Ultrasound Doppler examination of large blood vessels in the neck did not reveal any vital vessel constrictions. The abnormal fluid (soft tissue swelling) space surrounding the foreign body lying in the neighborhood of the right common carotid artery might have been responsible for the interruption of the flow of blood during fast sideways movement of the head leading to syncope. After having had done all the examinations patient was informed about the diagnosis and the foreign body removal was proposed but the patient refused.

After a month the patient was once again admitted to hospital and had decided to get operated on.

Physical examination revealed a tumor three centimeters in diameter placed in the lower part of the carotid triangle on the right. The protrusion of the lateral and posterior wall in the right side of the pharynx visible during the indirect laryngoscopy was larger as compared to the size it was a month before. On the basis of the increase in complaints, physical examination and CT scan, it was decided to remove the foreign body surgically.

Under general anesthesia an incision on the neck was made along the front rim of the right



Fig. 1. CT scan shows bullet lodged in neck

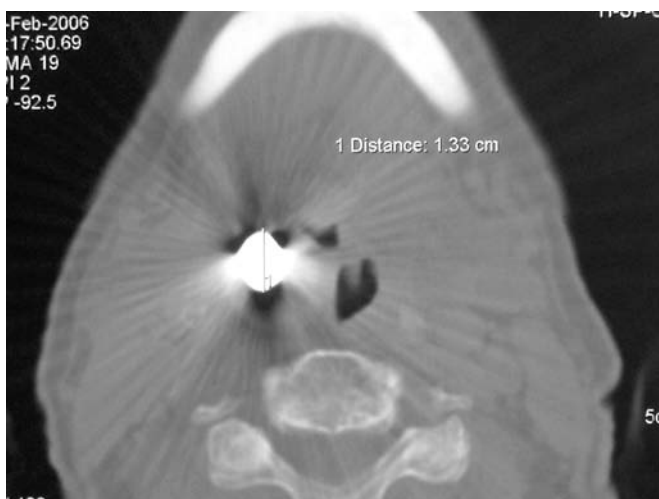


Fig. 2. CT scan shows bullet lodged in neck-cross section

sternocleidomastoid muscle. At its intersection with the omohyoid muscle, carotid vessels were exposed and secured. Next, the right submandibular gland was moved from the bottom side and slightly lifted. It revealed a pathological encapsulated tumor (Fig. 3). The wall of the tumor (pseudocyst) was damaged during preparation. A large amount of thick fluid content was suctioned away, a bacteriological swab was taken and the bullet was removed (Fig. 4). Next the wall of the pseudocyst was removed in fragments.

Postoperative history without any complications. Bacteriological swab – test result didn't show any growth of microorganisms. During the three-year postoperative period the patient did not report any ailments.



Fig. 3. The tumor-pseudocyst, a view during operation

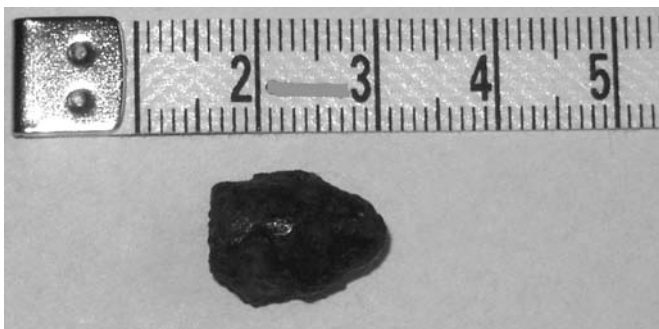


Fig. 4. Bullet removed from the soft tissues of the neck

DISCUSSION

A gunshot wound is a specific one, it is tantamount to a combination of lacerated and crush wounds. The area of destruction may be larger than the wound's outward aspect suggests [1,2].

Gunshot wound care must be chosen individually. Before starting the treatment it is necessary to perform radiological image examinations [2]. They are of extreme importance in cases of no bullet outlet. In the case of our patient, the surgeon who primarily operated on the patient 50 years ago had not noticed that more than one bullet could have entered the body. Most probably radiological examination was not performed at that time.

A bullet or a bullet chip may be lodged in the human body without any symptoms for a long time. Detecting those long lodged foreign bodies is often accidental, accompanying image diagnosis of other ailments [3-6]. According to some authors removing the bullet is not recommended if it does not give any ailments [3,6].

Case studies described in medical literature show that a foreign body, which a bullet is, after a long time may start to react with human tissues. The decision whether to remove the foreign body is determined by a potential possibility of complications, e.g. erosion of a blood vessel's wall [7], inflammatory process [8-10] or other particular ailments, as it was in the case of our patient.

The case presented above shows that the presence of a foreign body in human tissues is not neutral to the organism. The 50-year period of symptomless presence of the bullet does not exclude late complications. An old saying, „when a bullet ceases to move, it ceases to damage” seems to be not entirely true [7].

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