## Auto Laryngotomy with Razor Blade - Rare Case of Laryngeal Foreign Body

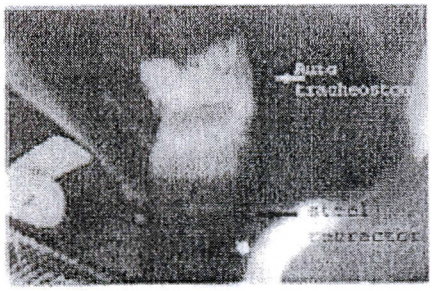
Sir,

Lodgment of foreign body in the larynx is almost always accidental in nature and usually presents as respiratory emergency. An urgent intervention is required to save the life of the patient as laryngeal edema develops quickly by trauma caused by the foreign body making respiration difficult causing hindrance to ventilation of both the lungs.

A 40 year old female with history of depression and family problems on irregular treatment with Antipsychotic drugs was admitted in our casualty on 19-09-2007, with history of attempted suicide using a razor blade with which she had cut her neck at the level of thyroid cartilage.

On examination she was conscious and very apprehensive with vital parameters being stable. There was an incised wound in the anterior part of the neck with transverse opening of thyroid cartilage of the larynx. Patient was breathing through the wound and there was bleeding from the wound. Emergency insertion of cuffed portex tracheostomy tube was done through the cut wound. The cuff was inflated to secure the airway. All this was done in the casualty department.

Patient was immediately prepared for surgical intervention under general Anaesthesia. Patient was shifted to main operation theatre after obtaining a written high risk consent. Under general Anaesthesia using injection glycopyrrolate i.v as premedication, Injection Thiopental sodium i.v. as induction agent, injection vecuronium i.v as muscle relaxant and injection Fentanyl i.v as an analgesic and Oxygen and Nitrous oxide in 1:2 ratio was administered through the tracheostomy tube. ECG, NIBP, HR, $SpO_2$ was monitored throughout the procedure. Direct laryngoscopy was done.An impacted razor blade was found in supraglotic area between two ary-epiglottic folds. The blade was bent, deformed and only small part of blade was visible through supraglotis. Using a long forceps, a stainless steel blade measuring 2x2 inches was carefully manipulated and removed per orally taking care to avoid injury to pharyngeal wall and other near structures. Brisk bleeding was controlled by packing the glottis and supraglottis area using roller gauze. A new tracheostomy was performed at the level of 3rd tracheal ring. 7.5 size cuffed portex tracheostomy tube was inserted and general Anaesthesia was continued through the tracheostomy tube. Intra operatively all the vitals parameters were monitored continuosly. Wound was explored to look for injury to oesophagus, common carotid artery ,Internal jugular vein. The deep cut wound in the larynx was closed using 3-0 vicryl. Wound was closed in layers and throat pack was removed. Haemostasis was ensured. N.M. block was reversed using injection neostigmine and injection glycopyrolate i.v. Patient was shifted to the recovery room and was fully conscious, awake, oriented, having good muscle power, breathing spontaneously & adequately. Post operative recovery was uneventful. Patient's psychiatric treatment was started again.





This we submit to highlight the possible fatal complications of improper antipsychiatric treatment. The sharp razor blade used for suicide added to the difficulty of management by getting impacted in the larynx very near to the major neurovascular bundles of neck. Delayed anaesthetic as well as surgical intervention could have been fatal. Meticulous approach is needed to manage such type of cases.

### REFERENCES

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