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Case Report

A Case Report on Accidental Non-Fatal Stab Injury to The Neck Region

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Abstract

Stabbing is often viewed as an act of homicide or suicide, with accidental stabbings considered exceptionally rare. While most stabs tend to be grievous, there are instances where they may be simple in nature. This case report describes an unusual episode of an inadvertent stab to a female brought to the emergency department of CSSH hospital after slipping on an uneven surface while heading toward the fields, resulting in a neck injury. Upon presentation, she was found to have a darati (a type of serrated sickle) lodged in her neck, which surprisingly, did not seem to have any significant physiological distress other than the injury. She was admitted under the Surgery department and operated on the same day. This case report describes the exceptional nature and manner of an unintended stab injury from a sharp instrument that, fortuitously, has minimal damage despite the location of the injury.

Key Words: stabbing; stab; attack; simple injury; accidental stab

Introduction

The various literature describes stab wounds to be an injury whose depth is the greatest dimension than the width and is caused by a sharp pointed weapon.[1] Stabs, in general, are fatal and life threatening and result in death immediately or within few minutes of stabbing. [2] It results when some force is applied to the body or when the body presses against or falls on a sharp object. [3] They are mostly homicidal, sometimes suicidal, and rarely, accidental. As per the data, there has been about 8,059 deaths (rate – 0.57/100K) by stabbing in India amounting to about 0.07 % of the total stabbing deaths worldwide [4]. There is a wealth of literature discussing the homicidal and suicidal manner of stab formation, but very little has been covered in the case of accidental stab wounds owing to their rarity. In this case presentation, I have covered a typical case of accidental stab wound where the patient outcome was interesting and unexpected. Details of the Case: A 47-year-old woman residing in village Bakharpur, Baleni, District Baghpat, Uttar Pradesh, India, was brought to the emergency department of Chhatrapati Shivaji Subharti Hospital, Subharti University, Meerut on 18th August 2022 at 10:33 am with a purported history of perforating injury to the neck caused by a darati. As alleged by her, she was heading to the fields to get some grass with darati (a single-edged sickle with serrations) in her left hand. While walking, she slipped on an uneven ground and as she fell, she outstretched her left hand which was still clutching the sickle, to prevent the fall. At that moment, she fell on the darati which resulted in a stab injury from the midline to outer left aspect of her neck. The patient self-presented to the emergency (triage) of CSSH hospital along with her brother-in-law and was admitted under General Surgery department. On General examination, the patient was conscious, oriented to time, place and person, and co-operative which was striking for her to have normal vitals such as lack of breathlessness and dysphagia. Even lack of sub-cutaneous emphysema was noted. She was speaking without any form of physical or physiological difficulty. Local examination revealed that the neck was pierced by a sickle having a single edged curved blade, finely serrated margins, measuring approximately 45.5 cm X 3.3 cm X 0.2 cm in length, width and thickness respectively glued to a rigid wooden handle. Although the cross guard was missing from the sickle, the ricasso was clearly visible. The sickle was observed to pierce the outer left neck halfway upwards and posteriorly to the anterior part of the neck, then diagonally left and upwards backward exiting the left lateral neck below the pinna [Figure. 1 & Figure. 2].

Figure 1: Left Lateral View

Figure 2: Anterior View

The entry wound described was spindle shaped (2.8 X 0.8) cm, superficial to the skin and placed vertically oblique with the superior end placed 4.8 cm below the chin in the midline and the inferior end at 7 cm below the chin and slightly 0.4 cm off the midline. The entry wound, running obliquely backwards, had ragged, irregular, red &inflamed margins and soft clots were present all around it. The wound margins were inverted and the upper angle was blunt while the lower angle was cut raggedly [Figure. 3]. The exit wound's dimensions, being smaller than the entry, were (1.7 x 0.6) cm, skin deep, oval, and positioned vertically on the left lateral aspect of the neck. Its borders formed an oval, the superior end about 4.2 cm below the left ear and 15.5 cm away from the midline while the inferior end at 5.4 cm below the left ear pinna at about 15.2 cm away from midline. The boundaries of the wound were everted and bluntly rounded above with jagged edges below. Roughly 13- 13.5 cm of the blade was positioned beneath her skin, and about 6.5 – 7 cm of the blade was seen protruding out of the exit wound [Figure. 3].

Figure 3: Close-up view of the injury

A Closer inspection revealed that the whole blade passed through the superficial layers of the skin without injuring any vital structures beneath the skin, including the sternocleidomastoids muscles, which would have been damaged by the blade. As a result, blood loss was minimal (approximately

100 ml) and no major wounds or signs of injuries/other assault were detected. The female was lucid, cooperative, oriented to her surroundings, and thus, fully conscious during examination rendering this injury a fortunate stab for her. The patient was recommended a minor operative procedure for the removal of the sickle. Once she consented; the procedure was successfully done under GA and the sickle was recovered successfully without any further damage. The patient, after being kept under observation for few days, was then discharged with optimal health status.

Discussion

This particular case presented a truly unique and interesting situation. Despite suffering a stab injury to the neck, an area often considered one of the body's most vulnerable and vital regions, the victim surprisingly escaped any life-threatening harm. It's an absolute reminder that the severity of a stab wound isn't solely about location, but also hinges on factors like the weapon's type and size, how it enters the wound, and the force used. What makes this case even more remarkable is that the blade initially entered the left upper neck at a right angle. Yet, despite this direct entry, deeper structures like the trachea and thyroid cartilage remained unaffected, as confirmed by clinical examination. This seemingly impossible outcome can likely be attributed to a fortunate sequence of events. It appears the blade's trajectory was altered after encountering the tracheal rings, diverting it to the left side of the neck as the patient fell. The fall, coupled with the victim's outstretched hand, might have also lessened the grip on the weapon and further reduced the force applied to the neck, thereby changing the blade's path. Given the patient's average build, she was truly blessed that the blade veered away from the midline, preventing it from piercing crucial soft tissues and tracheal rings, which would have almost certainly resulted in instant death. Ultimately, this case underscores the unpredictable nature of injuries and highlights the extraordinary luck of this victim, who survived a potentially fatal incident without any significant lasting damage. Accidental penetrating injury is the most uncommon type, possible only when the victim falls over any sharp object. Whatever may be the manner, fatality of stab injury depends on the area as well as depth of the penetration. [5] It can be illustrated by a case where a farmer was accidentally cut over the femoral vessels by a broken alcohol bottle after losing his balance. [6] It is notable that most reported cases of suicidal and accidental stab injuries in the existing literature often involve either post-mortem examinations or Medico-Legal Cases (MLC) where patients subsequently succumbed to their injuries. In contrast, the patient in the present case survived with minimal intervention and no significant physical or physiological disability. Data on non-fatal accidental stab wounds remains limited, primarily due to insufficient documentation. Nevertheless, some studies shed light on this area. A study by Ghada N. el-sarnagawy on characteristics and outcomes of homicidal and accidental stab wounds found that the majority were homicidal (78.4%), while accidental cases, often occupational (e.g., in carpenters), constituted the remainder. This study also suggested that an elliptical wound shape is more indicative of a homicidal injury than an accidental one [7]. Similarly, a review of 700 autopsies by B. Kargar et al. involving sharp force injuries in Munster and Berlin classified only 18 cases (2.3%) as accidental, primarily due to falls onto architectural glass like windows or aquariums [8]. Further highlighting the rarity of these events, Burke et al. found zero accidental stab wounds from knives in their study of single stab injuries, identifying only one non-fatal accidental case after the study period concluded [9]. These studies collectively emphasize the relatively infrequent occurrence of accidental stab wounds compared to intentional ones. G.M. Mazzolo and L. Desinan also observed this trend in their examination of 21 sharp force fatalities from 1993 to 2002, noting that only two were accidental, both caused by 'glassing' [10]. Other researchers have explored the body regions most commonly affected by sharp force injuries. A study by Ulrike Schmidt and Stefan Pollak on sharp force injuries in clinical forensic medicine, involving 58 perpetrators and 158 victims who survived, found that the thorax, neck, and head were frequently involved, at rates of 45.9%, 15.3%, and 15.3% respectively. [11] Similarly, another prospective study by Thube HR, Chikhalkar BG, and Nanadkar SD on injury patterns in assault victims attending a South Mumbai government hospital noted that among 1288 MLC cases, stab injuries were found in only about 68 cases (5.3%). These were predominantly located on the anterior trunk (75%) and back (25%), with no stab injuries recorded on the face, upper and lower limbs, or any other body part of females in that cohort. [12] These findings contribute to our understanding of the epidemiology and characteristics of sharp force injuries, both fatal and non-fatal.

Conclusion

This case report highlights a remarkably rare instance of an accidental, non-fatal stab injury to the neck—an area typically associated with high morbidity and mortality when penetrated. The survival and stable condition of the patient underscore the unpredictable nature of such injuries, where even a deeply embedded sharp object like a darati may spare vital anatomical structures due to factors like blade trajectory, body positioning during the fall, and reduction in applied force. While most stab wounds documented in literature are homicidal or suicidal in nature, with accidental cases comprising a very small minority, this case contributes valuable insight into the spectrum of possible outcomes in accidental sharp force trauma. It emphasizes that not all penetrating injuries are immediately fatal or grievous—particularly when the weapon's path is altered in a manner that avoids critical structures. Furthermore, this report demonstrates the need for careful clinical evaluation and documentation in such rare presentations. It also reinforces the role of fortunate biomechanics and immediate medical intervention in ensuring survival. This case adds to the limited but growing reserves of literature on non-fatal, accidental stab wounds and serves as an important reference for clinicians, forensic experts, and public health researchers studying sharp force injuries.

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