

# Penetrating Cranial Trauma Following an Assault by Knife

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## Abstract

Penetrating cranial trauma following an assault by knife remains a very serious pathology which can be fatal for the patient. Surgical management must be done as quickly as possible. CT scan remains essential, an angiography may sometimes be necessary before the surgical procedure. Presenting by this observation, the case of a 28 year old patient, victim of a knife attack, operated at the Hassan II university hospital of Fez-Morocco.

**Keywords:** Knife; Penetrating cranial trauma; CT Scan

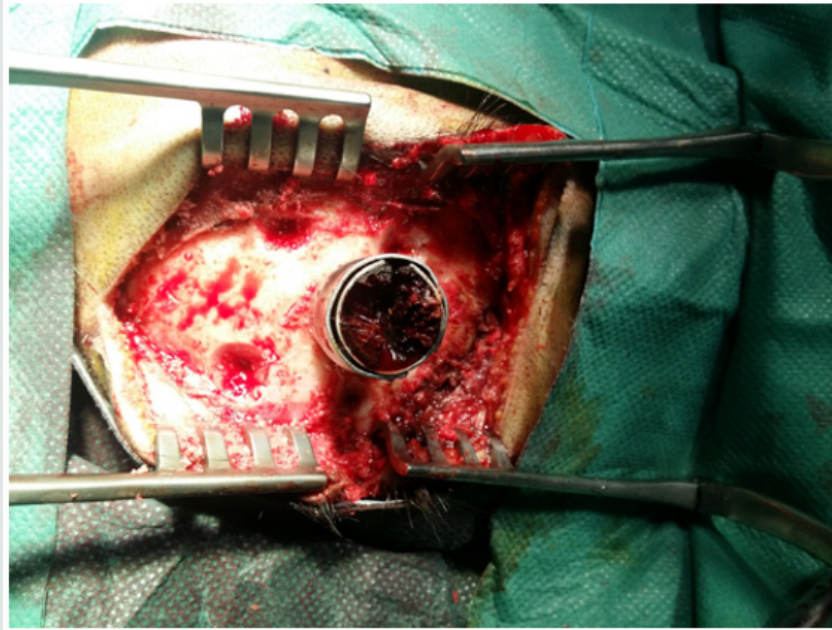
## Clinical Case

Mr Y.B, 28 years of ages, with no significant priors; was admitted to the emergency room at the Hassan II university hospital, for a cranial trauma following an assault by knife. The clinical assessment of the patient at his admission showed a conscious patient with a Glasgow score of 15, with no sensitive or motor

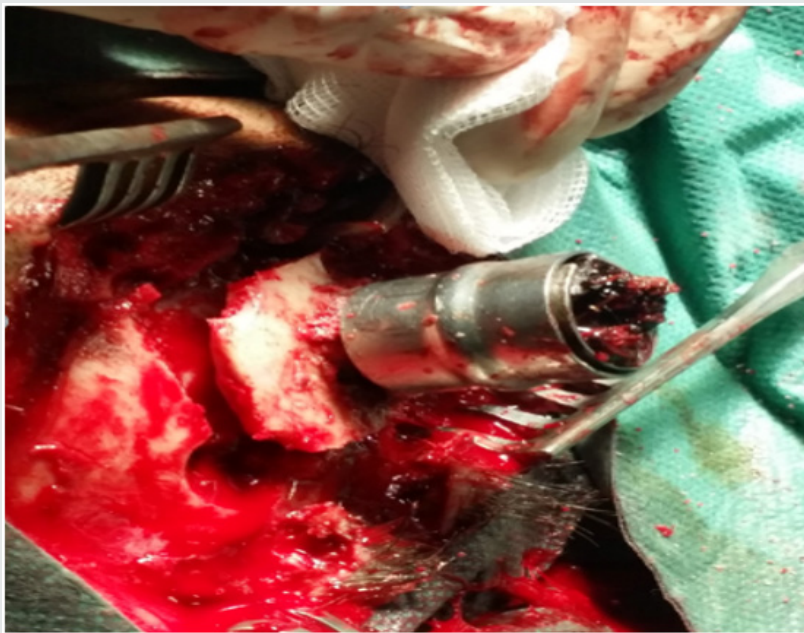
deficit, hemodynamically stable with a normal respiratory function. The examination of the 12 pairs of cranial nerves showed a bilateral blindness with an amaurotic mydriasis. The local physical exam found a knife lodged in the right side of the occipital region (Figure 1-3).



**Figure 1:** Penetrating cranial trauma following an assault by knife.



**Figure 2:** Skin incision and musculocutaneous dissection.



**Figure 3:** Right occipital bone flap.

The patient underwent a Cerebral CT Scan IV, which was completed with an angiography scan, both found no vascular lesion. The patient was rushed to the operating room where he underwent an extraction of the foreign object using a bone flap (Figure 4-6). The postoperative follow-ups were marked by the occurrence of a

status epilepticus, which led the patient to remain, intubated and sedated in the ICU for 5 days, with a daily Trans cranial Doppler ultrasound that came back satisfactory. After extubation, the patient recovered his conscious state and his vision.

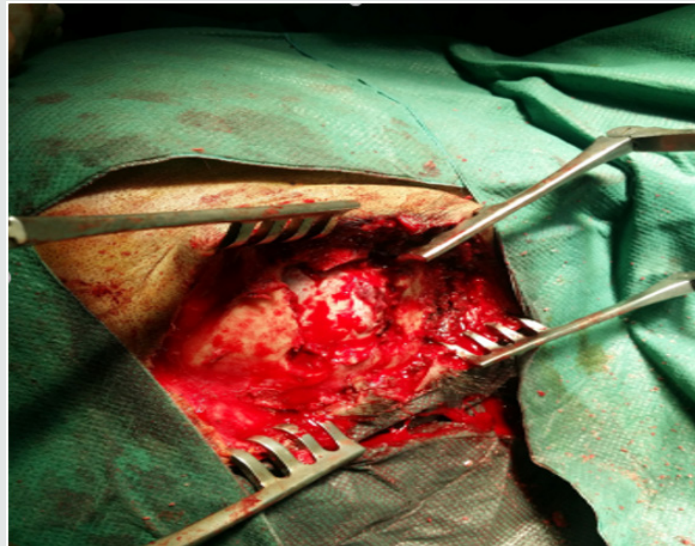


Figure 4: Weapon extraction with the bone flap.

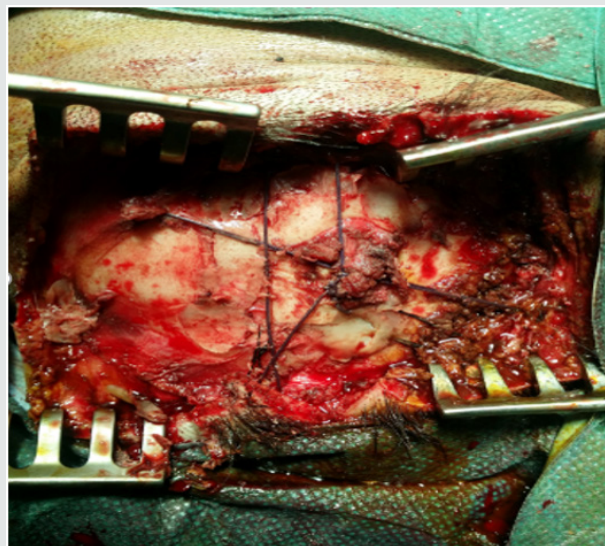


Figure 5: Bone flap fixation.

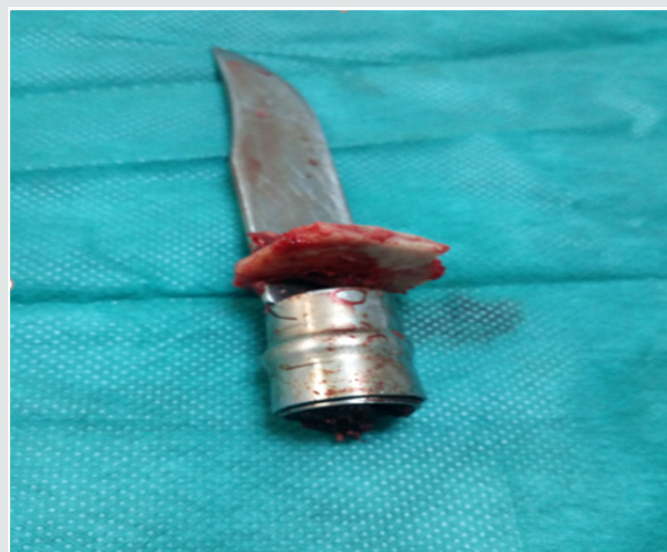


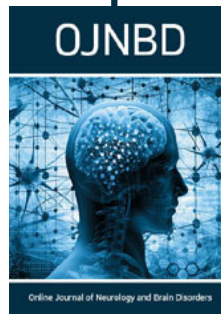
Figure 6: Weapon after extraction.



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