



## Image of the month

## Stab Wound of the Spinal Cord From in Front With No Neurologic Deficit<sup>☆</sup>



### Sección medular cervical sin repercusión neurológica por herida anterior con arma blanca

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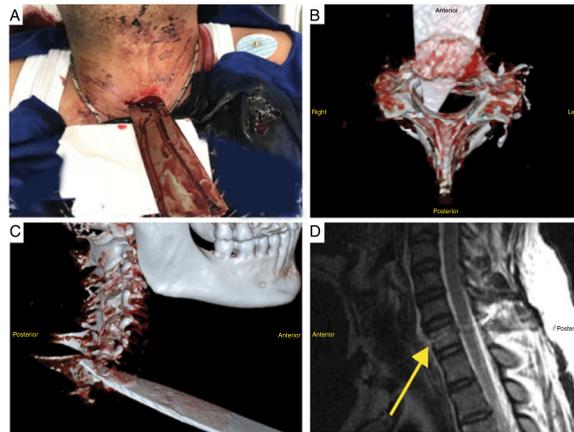


Fig. 1

A man presented to the emergency department after injuring himself in the neck with a kitchen knife. He arrived with a knife projecting from his anterior neck. He was disoriented but clinically stable. The cranial nerves and neurological examination were normal. An emergency computed tomography scan revealed penetration of the knife in the spinal cord at the level of C7. The knife passed through the midportion of the spinal cord parenchyma and deep into the vertebral body. Consequently, the patient was transferred to the operating room and placed under general anesthesia. The knife was manually withdrawn from the spinal cord, which required a significant amount of force because the tip of the knife was deeply embedded in the vertebral body. There was no significant bleeding or evidence of cerebrospinal fluid emanating from the wound after the knife was extracted. A postoperative magnetic resonance imaging showed no myelopathy. 12 months after surgery, the patient has not experienced any complications; neurological examination remains normal, despite of the penetration of the spinal cord parenchyma (Fig. 1).

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