Retained Intra-abdominal Knife in a Self inflicted Stab

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Abstract It is unusual to encounter a patient who stabbed his abdomen with a kitchen knife. A 25-year-old man was in police custody for 2 days. He stabbed his abdomen with a kitchen knife. He was brought to casualty with a retained knife in his abdomen. The knife had torn gastrocolic omentum and caused contusion on the transverse colon. His postoperative period was fair.

Keywords Self-inflicted stab · Knife injuries · Abdominal injuries

Introduction

A 25-year-old man was in police custody for 2 days. He stabbed his abdomen with a kitchen knife on October 10, 2011. He was brought to casualty with a retained knife in his abdomen (Fig. 1). His condition was stable.

Physical Examination

The knife was 4.5 cm below the left costal margin. Although most part of the knife was inside the abdomen, 3 cm of it was outside the abdomen with a wooden handle.

Investigations

The preoperative X-ray of the abdomen showed radio-opaque shadow of the knife in the left side of the abdomen (Figs. 2 and 3).

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Fig. 1 The retained knife in the abdomen with a wooden handle

Fig. 2 Radio-opaque shadow of the tip of the knife

Fig. 3 Radio-opaque shadow of the handle and the part of the knife

Fig. 4 Part of the retained knife inside the abdomen

Surgery

The abdomen was explored through upper midline incision. The tip of the knife was found covered with gastro-colic omentum (Fig. 4). The knife was removed, which was 12 cm long inside and 2 cm wide. Torn gastro-colic omentum with bleeding ves-

sels was ligated. The lesser sac was explored. No other organ injury was detected, but a small contusion, 1 cm size on the wall of transverse colon, was repaired by two interrupted silk stitches in seromuscular layers. The abdomen was closed in layers after toileting and leaving a drain through a separate stab incision.

His postoperative period was uneventful.