CLINICAL SNAPSHOT

A Stabbing Injury to the Chest from a Letter Opener

A 42-year-old man was admitted to the resuscitation bay of the emergency room after stabbing himself in the chest multiple times with a letter opener in an attempt to commit suicide. Computerized tomography revealed hemopericardium and left hemothorax; a chest drain was inserted at once, and a massive quantity of blood flowed out.

An emergency sternotomy was performed, and a tautly distended pericardium was found; when the pericardium was longitudinally incised, blood shot out of it (*Figure, Video*). The causative defect, a stab wound in the muscular area of the left ventricle lying proximally and parallel to the anterior interventricular branch of the left coronary artery, was closed with a through-and-through 3-0 polypropylene suture.

Bleeding from the left hemithorax persisted because of stab injuries to the intercostal arteries, which were addressed through an anterolateral thoracotomy.

Coagulopathy had developed because of the massive blood loss; the pleural cavity was tamponaded and the bony hemithorax was left open to prevent compartment syndrome. The surgical opening was covered only with a sterile plastic sheet sewn to the skin. The chest was definitively closed on the next day. The patient recovered without further complications or permanent injuries and was referred for psychiatric care.

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Conflict of interest statement

The authors state that they have no conflict of interest.

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Video: www.aerzteblatt-international.de/17m0558