



# RECOMMENDATIONS for the MEDICAL/RADIOGRAPHIC EVALUATION of ACUTE ADULT, NON-FATAL STRANGULATION



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- GOALS:**
1. Evaluate carotid and vertebral arteries for injuries
  2. Evaluate bony/cartilaginous and soft tissue neck structures
  3. Evaluate brain for anoxic injury

## Strangulation patient presents to the Emergency Department

### History of and/or physical exam with ANY of the following:

- Loss of Consciousness (anoxic brain injury)
- Visual changes: "spots", "flashing light", "tunnel vision"
- Facial, intraoral or conjunctival petechial hemorrhage
- Ligature mark or neck contusions
- Soft tissue neck injury/swelling of the neck/cartoid tenderness
- Incontinence (bladder and/or bowel from anoxic injury)
- Neurological signs or symptoms (LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorders, stroke-like symptoms.)
- Dysphonia/Aphonia (hematoma, laryngeal fracture, soft tissue swelling, recurrent laryngeal nerve injury)
- Dyspnea (hematoma, laryngeal fractures, soft tissue swelling, phrenic nerve injury)
- Subcutaneous emphysema (tracheal/laryngeal rupture)

### Recommended Radiographic Studies to Rule Out Life-Threatening Injuries\* (including delayed presentations of up to 6 months)

- CT Angio of carotid/vertebral arteries (GOLD STANDARD for evaluation of vessels and bony/cartilaginous structures, less sensitive for soft tissue trauma) *or*
- CT neck with contrast (less sensitive than CT Angio for vessels, good for bony/cartilaginous structures) *or*
- MRA of neck (less sensitive than CT Angio for vessels, best for soft tissue trauma) *or*
- MRI of neck (less sensitive than CT Angio for vessels and bony/cartilaginous structures, best study for soft tissue trauma) *or*
- MRI/MRA of brain (most sensitive for anoxic brain injury, stroke symptoms and intercerebral petechial hemorrhage)
- Carotid Doppler Ultrasound (*NOT RECOMMENDED*: least sensitive study, unable to adequately evaluate vertebral arteries or proximal internal carotid) *\*References on page 2*

### History of and/or physical exam with:

- No LOC (anoxic brain injury)
- No visual changes: "spots", "flashing light", "tunnel vision"
- No petechial hemorrhage
- No soft tissue trauma to the neck
- No dyspnea, dysphonia or odynophagia
- No neurological signs or symptoms (i.e. LOC, seizures, mental status changes, amnesia, visual changes, cortical blindness, movement disorder, stroke-like symptoms)
- And reliable home monitoring

Discharge home with detailed instructions to return to ED if: neurological signs/symptoms, dyspnea, dysphonia or odynophagia develops or worsens

(-)

Continued ED/Hospital Observation (based on severity of symptoms and reliable home monitoring)

(+)

- Consult Neurology/Neurosurgery/Trauma Surgery for admission
- Consider ENT consult for laryngeal trauma with dysphonia



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### REFERENCES

*(Recommendations based upon case reports, case studies, and cited medical literature)*

1. Christe A, Thoeny H, Ross S, et al. Life-threatening versus non-life-threatening manual strangulation: are there appropriate criteria for MR imaging of the neck?. *Eur Radiol* 2009;19: 1882-1889
2. Christe A, Oesterhelweg L, Ross S, et al. Can MRI of the Neck Compete with Clinical Findings in Assessing Danger to Life for Survivors of Manual Strangulation? A Statistical Analysis, *Legal Med* 2010;12:228-232
3. Yen K, Thali MJ, Aghayev E, et al. Strangulation Signs: Initial Correlation of MRI, MSCT, and Forensic Neck Findings, *J Magn Reson Imaging* 2005;22:501-510
4. Stapczynski JS, *Strangulation Injuries, Emergency Medicine Reports* 2010;31(17):193-203
5. Yen K, Vock P, Christe A, et al. Clinical Forensic Radiology in Strangulation Victims: Forensic expertise based on magnetic resonance imaging (MRI) findings, *Int J Legal Med* 2007;121:115-123
6. Malek AM, Higashida RT, Halback VV, et al. Patient Presentation Angiographic Features and Treatment of Strangulation-Induced Bilateral Dissection of the Cervical Carotid Artery: Report of three cases, *J Neurosurg* 2000;92(3):481-487
7. Di Paolo M, Guidi B, Bruschini L, et al. Unexpected delayed death after manual strangulation: need for care examination in the emergency room, *Monaldi Arch Chest Dis* 2009;Sep;71(3):132-4
8. Dayapala A, Samarasekera A and Jayasena A, An Uncommon Delayed Sequela After Pressure on the Neck: An autopsy case report, *Am J Forensic Med Pathol* 2012;33:80-82
9. Hori A, Hirose G, Kataoka, et al. Delayed Postanoxic Encephalopathy After Strangulation, *Arch Neurol* 1991;48:871-874
10. Iacovou E, Nayar M, Fleming J, Lew-Gor S, A pain in the neck: a rare case of isolated hyoid bone trauma, *JSCR* 2011;7(3)
11. Oh JH, Min HS, Park TU, Sang JL, Kim SE, Isolated Cricoid Fracture Associated with Blunt Neck Trauma; *Emerg Med J* 2007;24:505-506
12. Gill JR, Cavalli DP, Ely SF, Stahl-Herz J, Homicidal Neck Compression of Females: Autopsy and Sexual Assault Findings, *Acad Forensic Path* 2013;3(4):454-457
13. Sethi PK, Sethi NK, Torgovnick J, Arsura E, Delayed Left Anterior and Middle Cerebral Artery Hemorrhagic Infarctions After Attempted Strangulation, A case report; *Am J Forensic Med Pathol* 2012;33:105-106
14. Clarot F, Vaz E, Papin F, Proust B, Fatal and Non-fatal Bilateral Delayed Carotid Artery Dissection after Manual Strangulation, *Forensic Sci Int* 2005;149:143-150
15. Molack J, Baxa J, Ferda J, Treska V, Bilateral Post-Traumatic Carotid Dissection as a Result of a Strangulation Injury, *Ann Vasc Surg* 2010;24:1133e9-1133e11
16. Plattner T, Bollinger S, Zollinger U, Forensic Assessment of Survived Strangulation, *Forensic Sci Int* 2005;153:202-207
17. Miao J, Su C, Wang W, et al. Delayed Parkinsonism with Selective Symmetric Basal Ganglia Lesion after Manual Strangulation, *J Clin Neurosci* 2009;16:573-575
18. Purvin V, Unilateral Headache and Ptosis in a 30-Year-Old Woman, *Surv Ophthalmol* 1997;42(2):163-168
19. Nazzal M, Herial NA, MacNealy MW: Diagnostic Imaging in Carotid Artery Dissection: A case report and review of current modalities; *Ann Vasc Surg* 2014;28;739.e5-739.e9
20. Chokyu TT, Miyamoto T, Yamaga H, Terada T, Itakura T: Traumatic Bilateral Common Carotid Artery Dissection Due to Strangulation: A case report; *Interventional Neuroradiology*;12:149-154, 2006