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)

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

References on page 2

StrangulationTrainingInstitute.com


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


