An unusual case of penetrating intracranial injury due to scissors
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SUMMARY
Craniocebral penetrating non-missile injuries caused by metallic foreign bodies are uncommon events. Healthy 10 year-old boy applied to the hospital emergency service with his parents. Family members stated that the scissors have been stalled his head accidentally by his sister when they had played together. During physical examination the scissors located on left parietal region of the head was examined. There was no loss of consciousness and oriented with normal vital signs. Radiological investigation demonstrated a hyper dense foreign body (scissors) penetrating cranial cavity and ended before reaching posterior region of the left parietal lobe. To our knowledge, the presented was rare case of intracranial penetrating scissor, which was not removed until, injured, reached the hospital. Our goal was to discuss the rare case of penetrating non-missile foreign body cranial injury from medico legal aspect.

Keywords: penetrating injury – scissors – head injury – forensic science

CASE REPORT
A previously healthy 10 year-old male applied to hospital emergency service with his parents. Family members stated that the scissors have been stalled his head accidentally by his sister when they had played together. During physical examination the scissors which located on the posterior of left parietal region of the head was observed. There was no loss of consciousness and oriented with normal vital signs. No other apparent injuries and neurological deficit symptoms were defined. A cranial lateral X-ray and cranial computed tomography (CT) demonstrated a hyper dense foreign body (scissors) penetrating cranial cavity and ended before reaching posterior region of the left parietal lobe (Image 1, 2 and 3). He was admitted to the neurosurgery department after the initial physical, neurological and radiological examination and surgical exploration of the wound was performed under general anesthesia. After the skin incision, the scissors removed with the craniectomy material which was 2x1 cm in size. Dural or cerebral laceration underneath of the injury was not inspected. At the end of the operation, a plastic drain was placed under the skin and the incision closed with sutures. He was discharged from hospital on 8th day post-surgery. Subsequent physical and neurological examinations, performed at the neurosurgery polyclinic and Bursa Branch of the...
Council of Forensic Medicine of the Ministry of Justice, were unremarkable except for 6 cm in length surgical scar on the left postparietal region and craniotomy defect which was 2x2 in size. We presented a case of cranioencephalic trauma due to scissors that penetrated intracranial cavity without dural injury and it is discussed with a review of the literature.

**DISCUSSION**

Penetrating brain injuries caused by non-missile low velocity objects are infrequent and include violence, industrial accidents and accidents during childhood, and suicide attempts (1-5). High mortality rates in early injury period among cases similar to our case with intracerebral hemorrhage, brain contusion, and major vascular injuries were reported. Various foreign bodies have been described related to penetrating the cranium such as nails, knives, screwdrivers, sewing needles, scissors, bullets, and shrapnel (1-10). A case which was caused by deliberate stabbing on the head and injury was aggravated by an attempt to remove the scissors, causing the breakage of the proximal blades, has been presented in the literature (1). To our knowledge, the presented was rare case of intracranial penetrating scissor, which was not removed until injured, reached the hospital. Although penetrating brain injury due to scissors is rare and produce a limited local injury, it may lead to fatal consequences because of the damage to the critical intracranial structures. These types of foreign bodies usually associated with vascular damage because of their sharp property (9-10). However, penetrating brain injuries, were occurred by metallic foreign bodies, can result in from trivial clinical status to severe sequel. In the presented case the scissors damaged only full coats of the parietal bone without cerebral or dural injury. Caution should be exercised even if there is no significant injury on the critical intracranial structures because of the possibility of contamination by rust or other infectious agents. Additionally, the scissors were not attempted to remove by family members until they had reached the hospital and this imperturbable approach prevented to occur additional injuries.

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**LITERATURA**


Figure 1,2,3 Cranial lateral X-ray (Figure 1) and cranial computed tomography (CT) (Figure 2,3) demonstrated a hyper dense foreign body (scissors) penetrating cranial cavity and ended before reaching posterior region of the left parietal lobe.