Case Series

Attempted hanging: A case series

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1. Background

When a person is suspended in air through a ligature material tied around the neck. A force is applied on the neck causing blockage of air passage. And the noose is pulled tight around the neck by the persons own body weight.

The noose compresses the airways cutting off the supply of oxygen to the lungs. It also compresses the carotid arteries which carry blood to the brain. Both mechanisms cause asphyxia in which body and brain are deprived of oxygen. However, asphyxia is not always the cause of death in hanging. In some cases, the pressure on the neck cause vagal inhibition, a reflex that leads to cardiac arrest.

It is very common means of suicide opted by people specially, young adults due to one or the other reason such as depression, financial crisis, mental trauma or mental disturbance

Types of hanging

1. Complete hanging
2. When the neck gets the force of the whole body.
3. Incomplete hanging

1.1. Associated injuries

As the ligature knot is placed at the angle of jaw, this usually causes fracture dislocation of second third or fourth cervical vertebrae
There may also be signs of fracture dislocation in occipital joint which leads to instantaneous and irreversible loss of consciousness
Blunt cerebrovascular injury, Laryngeal injury and injury to the trachea and or pharynx.

1.2. Survey report

We report eight successive cases of attempted suicidal hanging seen over a period of 1year in our hospital, all of them presented with poor clinical status and required immediate intubation, resuscitation, assisted ventilation and intensive care treatment. None had cervical spine injury but one patient developed aspiration pneumonia another one patient developed cervical spondylosis and one more patient had brachial plexus injury and had upper limb weakness. All of them received standard supportive intensive care and made full clinical recovery without any neurological deficit. All cases of near hanging should be aggressively resuscitated and treated irrespective of dismal initial presentation. This is well supported by the excellent outcomes in our cases despite their poor initial condition.

2. Case presentation

2.1. Case 1

A 22 years- aged- female was admitted in emergency department who hung on the fan using dupatta. She was found immediately by the family members and was brought to the hospital. On admission loss of consciousness was present, with GCS score 5. Ligature mark on the right side of the neck was present. Scan showed no evidence of cervical spine injury. She was ventilated since her saturation was 78%, was gradually weaned off assisted ventilation and extubated. She was kept under observation for another 24 hours, General condition was stable; finally discharged from the hospital after 4 days without any neurological sequel after a total days of care.

There was no residual function lost, memory loss, loss of speech at the time of discharge.

2.2. Case 2

A 48 years of male was brought to the casualty after he was found hanging from a ceiling fan. With one leg on a stool and the other hanging free. The duration of hanging was not known but the time to hospital presentation was about 1 hr.

On admission loss of consciousness was present. GCS was 7/15. He was ventilated, and had dyselectrolytemia which was corrected. His Trop I was strongly positive and was advised for revascularization in case of worsening symptoms. He was extubated and general condition improved. There was no speech loss, memory loss or residual function loss. Hence patient got discharged in a stable condition after 3 days.

2.3. Case 3

A 33 years' male was brought to the hospital with the H/O hanging by saree. He was brought to the hospital immediately. Resuscitation done. Mechanical ventilation connected.

On admission patient had loss of consciousness GCS 5/10. CT scan showed no demonstrable cervical spine injury. But patient had c2 c3 block vertebrae (a fetal development anomaly).

Patient recovered well. Able to swallow, eat and speak. No memory loss or speech loss. Patient discharged in a stable condition after 4 days.

2.4. Case 4

A 36 years' male patient was brought to the hospital with H/O hanging using dupatta. Patient was brought by a relative and the statement from relative reveal that patient had decerebration posture during transport to the hospital, Loss of consciousness was present.

CT scan showed Cervical Spondylosis and no spinal injury. Patient had large neck swelling; Hanging Mark was prominent, GCS was 7/15. Patient was on mechanical ventilation and Cardiac opinion obtained, Patient was recovered well hence got discharged after psychiatric opinion.

2.5. Case 5

A 18 years' male got admitted after attempting to hanging himself with a shawl. On admission patient had loss of consciousness, and had a seizure after the incident. GCS was 10/15. He was provided with ventilator support. Anti convulsants administered. CT scan revealed no cervical spine injury.

He recovered well. No residual function loss, memory and speech loss. Patient discharged in a stable condition.

2.6. Case 6

A 25 years old female was admitted with H/o hanging with sari. H/o Loss of consciousness present. GCS was 8/15 Was ventilated, weaned and extubated.

CT scan shows Left brachial plexus injury. Limb weakness present. Physiotherapy given. Patient was stable on discharge. No residual dysfunction.

2.7. Case 7

A 16 years' boy was brought to casualty with H/O Hanging. He had hung himself with belt and got aspiration pneumonia. Initially he was treated outside. He was on mechanical ventilation for more than 20 days.

CT scan revealed no cervical injury.

Patient had memory loss for a period of time, H /O hoarseness of voice and inability to swallow and speak.

Gradually he recovered Weaned off from ventilator extubated and discharged in a stable condition.

2.8. Case 8

A 55-year- male got admitted with H/O partial hanging. Initially he was intubated and extubated on the next day.

General condition improved well No loss of speech No memory loss. No residual function loss. Patient discharged on 29/09/23 after psychologist counseling.

3. Discussion and conclusion

Our clinical experience with patients of near hanging as reported here is consistent with existing knowledge and reiterates optimistic final outcomes with a standard management protocol. Accordingly, all patients with suicidal near hanging, even those with severe initial neurological deficits and or respiratory distress must be aggressively managed as the recovery is often complete. Surprisingly none of them had residual function loss such as speech loss memory loss etc. except brachial plexus injury and elevation of Trop I. None of them developed memory loss or speech loss.