Case #1: You never know what rolls into D.G.

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Introduction

• Receive call from Denver Zoo that a zookeeper was attacked by a 140-pound jaguar
• Attached to her neck, it needed to be shot to release her and there was much blood loss
• CPR started. Vital signs are unreportable
• Arrives in 5 minutes
• …what do you prepare for?
At the trauma bay

- A 27 y/o female with multiple punctures/lacs on the right side of the neck and supraclavicular fossa with profuse bleeding.
- Intubated, actively receiving CPR
- No radial pulse, pupils are non reactive

What do you do?
To the OR…

- Doppler and bedside US demonstrate CV activity.
- Carotid pulse thready with bony fragments palpable. Neck was immobilized.
- BP: 108/82, HR: 110
- Fluids + blood are infused and she is taken to the OR (8’ post arrival)

What exposure do you do?
What antibiotics do you give?
Operative course

- Sternotomy with right cervical extension
- Proximal control of subclavian vessels obtained and innominate vein disruption was clamped.
- Gradual dissection of the neck revealed no injury to carotid, IJ lac and numerous venous branches were tied albeit continued blood loss
- SCM and scalene were released. “Catch-up” was intermittently permitted (31U total).
- After retracting esophagus and trachea we noticed that she had a complete transection at C4 with retraction of the spinal chord
Jaguar (*Panthera onca*)

- Third largest cat
- Indigenous to C/S America
- Most powerful jaw
- Tends to live in trees
- Reported to kill by breaking neck or skull

Big Cat Attacks

- Commonly attack the neck to break or suffocate.
- Occur rarely, often associated to unlicensed owners who keep them as pets (Siegfried..or Roy).
- Children account for the majority of attacks and 85% of fatalities
- Wiens saved a 28 y/o male vs. tiger with a C2 Fx and esophageal injury.

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