

The Ministry of Healthcare of Ukraine		Medical records
Municipal Non-profit Enterprise Cherkasy regional Hospital of Cherkasy regional council Mendeleieva St, 3, Cherkasy city, 18009		Form of primary records No 027/0 Approved by Order of the Ministry of Healthcare of Ukraine 14 February 2012 No 110
EDRPOU: 02005585		

**Hospitalization record No 6315
neurosurgical department**

1. Full name: Protsenko Oleg Volodymyrovych
2. DOB: May 16, 1969
3. Place of patient's residence: Kyiv region, Brovary district, Kurazhentsi village, Shevchenko St, 25
4. Place of work: serviceman, senior soldier
5. Dates:
 - b) in the hospital: entry April 29, 2022
 - release: May 2022
6. Complete diagnosis (leading disease, comorbidities, complications):

Complicated severe spinal cord injury (April 21, 2022). Shrapnel blind neck injury on the right with penetrating spinal cord trauma at the level of C7-Th2, contusion-crush injury of thoracocervical section of the spinal cord, perforated gunshot fracture of arch C7 on the right, fracture of the spinous process of C6 vertebra, and metal fragment within the internal canal at the level of Th2 vertebra. Shrapnel blind wound of soft tissues of the right popliteal fossa (April 21, 2022), followed by removal of the metal fragment, infiltration of the soft tissues of the right lower leg. Spinal shock, upper deep paraparesis, lower paraplegia. Frankel A. disabilities of pelvic organs, bladder catheterized.

Condition after operations: initial surgical debridement of the gunshot shrapnel blind penetrating spinal cord injury at the level of C7-Th2 vertebrae, laminectomy C7, an inspection of the spinal canal, spinal cord, suturing of dura mater defect (April 22, 2022).

The Ministry of Healthcare of Ukraine		Medical records
Military medical clinical center of Northern region 61058, Kharkiv city, Kul'tury St, 5		Form of primary records No 027/o Approved by Order of the Ministry of Healthcare of Ukraine 14 February 2012 No 110
EDRPOU: 07931813		

Hospitalization record No 3268

Full name: **Protsenko Oleg Volodymyrovych**

Duty station: **military unit A3085, staff sergeant**

DOB: **May 16, 1969**

Place of patient's residence: **Kyiv region, Brovary district, Kurazhentsi village, Tsentralna St, 25**

In the hospital entry: **April 22, 2022**

release: **April 29, 2022**

Diagnosis: Shrapnel blind neck injury on the right with penetrating spinal cord trauma at the level of C7-Th2, contusion-crush injury of thoracocervical section of the spinal cord, perforated gunshot fracture of arch C7 on the right, fracture of the spinous process of C6 vertebra, and metal fragment within the internal canal at the level of Th2 vertebra.

Shrapnel blind wound of soft tissues of the right popliteal fossa (April 21, 2022).

Spinal shock, upper deep paraparesis, lower paraplegia, bladder dysfunction.

Condition after operations: initial surgical debridement of the gunshot shrapnel blind penetrating spinal cord injury at the level of C7-Th2 vertebrae, laminectomy C7, an inspection of the spinal canal, spinal cord, suturing of dura mater defect (April 22, 2022).

Delivered by Emergency Hospital of Lozova Central District Hospital with complaints of sensory and motor disorders in lower and upper limbs, pain in the area of the gunshot wound.

Medical history: according to the patient, he was injured on April 21, 2022, at about 7.40 pm in the locality Krasnaya Balka of the Iziium district, after receiving an injury, noted the appearance of the above complaints. He was taken to Lozova Central District Hospital, where he got a brain spiral-computed tomography scan, cervical MRI, thoracic CT, ultrasonography of the abdominal cavity.

Fracture of arch C7 on the right and the spinous process is visible. A metal fragment is visible within the internal canal at the level of Th2 vertebra. The patient was evacuated to Military medical clinical center of Northern region, after being hospitalized to the neurosurgical department.

On entry: severe general state. Autonomous free auscultatory vesicular breathing in all departments of both lungs. Hemodynamics is stable. Blood pressure 130/80, body temperature 36.8 C, heart rate 80 per minute. Rhythmic heart sounds. The abdomen is soft, clean skin, urine is excreted in a catheter. Consciousness is clear.

Cranial nerves: normal. Tendon reflexes from the upper limbs are torpid, from the lower limbs are absent. Muscle strength in the upper limbs at 2-3 points, in the lower limbs - 0 points.

Sensory disorders: anesthesia at Th4 dermatome level.

Meningeal signs are negative, pathological foot signs are missing.

Motor disorders: upper deep paraparesis, lower paraplegia.

Locally: a gunshot wound up to 2 cm with sieged necrotic on the posterolateral surface of the neck at the level of C7 vertebra, without signs of inflammation and bleeding. On the right popliteal gunshot wound 0.7x0.7 cm with haemorrhagic excreta.

CBC

Date	RBC	HGB	Le cells	ESR	?	?	Lymph	Mon	Eo	BA	PLT	Clotting time
April 28	3,63	109	14,2			85	7,8	3,5			158	

Blood chemistry

Date	Total protein	Urea	Creatinine	Glucose	Total bilirubin	amylase	K	Na+	Ca+	Mg+	ALT	AST
April 24	61	7,8	100	7	7		4,87	138,9	1,81		40	49

Blood type A (II) Rh (+) positive. X-ray of the right knee joint (April 27, 2022) - bone and traumatic changes not detected. Metal fragment in the upper third of the right lower leg.

Operations (April 22, 2022) - initial surgical debridement of the gunshot shrapnel blind penetrating spinal cord injury at the level of C7-Th2 vertebrae, laminectomy C7, an inspection of the spinal canal, spinal cord, suturing of dura mater defect.

Received treatment: Ceftriaxone, Leflocin, Fluconazole, Vitaxon, Proserin, Ketorolac, Dexamethasone, Omeprazol, Actovegin, Ringer’s solution, Magnesium sulfate, Asparcam, Furosemid, Flenox, Rapira, Latren, Infulgan, Lactulose, nebulizer with Nebutamol.

On release: stable general state, moderate. Auscultatory vesicular breathing in all departments of both lungs. Hemodynamics is stable. Blood pressure 130/80. The abdomen is soft, IBS is absent. Urine is excreted in the catheter. Lower paraplegia, upper paraparesis (3 points), anesthesia at Th4 dermatome level, and bladder disorders have remained.

Postoperative and gunshot wounds of the cervical and thoracic spine heal by first intention (per primamm intentionem), stable state. Gunshot wound of the right popliteal fossa drained with a half-tube. Daily wound care with an antiseptic solution and antiseptic band was performed.

For further treatment, the patient is transferred to the next stage of evacuation.

Chief of the clinic Klanchuk Y.

Head of the Neurosurgical department Bibichenko S.

Attending physician Gavryush O.

**Municipal Non-profit Enterprise
Cherkasy regional Hospital of Cherkasy regional council
Regional diagnostics advisory center
X-ray spiral computed tomography room
Emergency Department
Cherkasy city, Mendeleieva St, 3**

**CT No 1452
of the cervical spine**

Full name: Protsenko Oleg Volodymyrovych

DOB: May 16, 1969

Studies date: April 29, 2022

DLP(mGy.em) 410.07

CTDIvol(mGy) 6.73

In a series of scans, the cervical spine has a common physiological lordosis. No signs of developmental abnormalities were detected. The defect of arches of C-6-C-7 vertebrae is defined.

Vertebral bodies have a normal configuration and trabecular structure. The cortical layering of normal thickness. Osteophytes are not visualized.

Facet joints and uncovertebral joints are not changed.

In the projection of Th1 vertebra, in the body, the shadow of a foreign body of metal density is determined, size 9.8x6.7 mm. Signs of compression fracture of the first thoracic vertebra. The rest of thoracic vertebrae are without peculiarities. On the back of the neck, on soft tissues, metal stitches are sutured.

Conclusion: CT signs of compression, gunshot fracture of the first thoracic vertebra body. Foreign body in the projection of Th-1 vertebra.

Recommendations: to consult a neurosurgeon.

Doctor Shcherbak M.I.

