**Introduction**

- Penetrating traumatic oropharyngeal injury to the anterior neck by a foreign object rarely results in minimal complications and preserved neurovascular structures.
- **Anterior Neck Trauma Zone Classification:**
  - **Zone 1:** Clavicles/sternal notch to cricoid cartilage
    - Surgical exploration not recommended
    - Worst prognosis
  - **Zone 2:** Cricoid Cartilage to Angle of Mandible
    - Most commonly involved in dissecting neck trauma
    - Best Prognosis
  - **Zone 3:** Angle of mandible to base of skull
    - Unique challenges to approach

**Clinical Case**

- **Patient:** 52-year-old male presented with a level 1 & 2A (trauma zone 2) traumatic anterior neck injury by a 7.5 x 5.1 x 0.2 cm wedge shaped piece of a saw blade. Patient was taken to OR for tracheostomy, removal of foreign body, and surgical exploration.

**Physical Exam & Surgical Findings:** Alert with stable vital signs but unable to phonate well; blade penetrated anterior and posterior oropharynx including base of tongue and posterior pharyngeal wall. Submandibular glands, hypoglossal nerves, and arterial vasculature were preserved bilaterally.

**Surgical Approach:** 6 layer closure (submucosa of tongue, tongue musculature, hyoid muscles, fascia, platysma, skin) was performed with Penrose drains placed bilaterally. Posterior pharyngeal wall transaction was closed via direct laryngoscopy approach.

**Post Surgical Care:** Patient was placed on prophylactic antibiotics, underwent FFNPL and leak trial successfully, and was decannulated prior to discharge.

**Post Surgical Imaging:** CTA revealed extensive soft tissue emphysema without vascular injury.

**Follow Up:** Two months post-op patient had mild tongue weakness and dysphagia with unremarkable stroboscopy examination and no evidence of fistula or cranial nerve injury.

**Discussion**

**References**

Penetrating injuries of the neck involving the oropharynx are rarely described. Penetrating neck injuries are at risk for salivary fistulas, deep neck infections, as well as nerve and vascular damage. This patient presents with minimal disability and no neurovascular injury. The outcomes of this rare oropharyngeal trauma provide evidence supporting the development of standard otolaryngology trauma guidelines for anterior neck dissection repair with pharynx subsite classification.