Case Report

Gender-Based Violence Causing Severe Multiple Injuries; a Case Report

Adalard Falschung

1. Department of Urology, Rechts der Isar Hospital, Haidhausen District of Munich, Germany.

*Corresponding author: Adalard Falschung; Email: avalard.falschung@gmail.com

Abstract

Introduction: Gender-based violence (GBV) against women has been identified as a global health and development issue. We reported a case of GBV causing severe multiple injuries in a middle-aged female.

Case report: A 47-year-old woman presented to emergency room with disturbed level of consciousness, shortness of breath and multiple patches of skin discoloration. On examination, the patient was semi-conscious, with multiple ecchymosis and bilateral decreased air entry. Computed tomography scan of the neck and chest showed six rib fractures on the left side, and eight rib fractures on the right side, sternal fracture, manubriosternal dislocation, bilateral hemothorax, fracture of body of 11th thoracic vertebra, and fracture of cervical spine of 5th and 7th vertebrae. The patient was intubated and admitted to intensive care unit. She was discharged with good health condition after 23 days of hospital admission.

Conclusion: GBV is still a cause of severe trauma that puts the patient’s life at risk.

Key words: Advanced trauma life support care; Gender-based violence; Intimate partner violence

Cite this article as: Falschung A. Gender-Based Violence Causing Severe Multiple Injuries; a Case Report. Adv J Emerg Med. 2018;2(3): e35.
saturation (O2sat) = 82% with face mask. On the clinical bases, bilateral thoracostomy drains were inserted. Chest x-ray was inconclusive. Computed tomography scan of the chest and neck showed eight rib fractures on left side, six rib fractures on the right side, sternal dislocation and manubriosternal fracture (figure 2, 3), fracture of 5th and 7th cervical vertebrae (figure 4), left side hemothorax (figure 5), fracture of body of 11th thoracic vertebrae (figure 6). After imaging, the patient was transferred to ICU and intubated as the oxygen saturation decreased. Percutaneous jejunostomy was applied for feeding. Tracheostomy was done eight days after endotracheal intubation. The patient remained in intubated state in ICU for 18 days, four days later the patient was discharged from ICU and she was admitted in ward for one week and discharged from the hospital with good health 23 days after admission.

**DISCUSSION**

Our case remained in hospital for 23 days with 16-day of ICU hospitalization under invasive continues monitoring. In this battle, the male was totally free from injury; he had neither a minor nor a major wound. Violence erodes women’s self-esteem, sapping their energy, and compromise their physical and psychological health. Aggressive females believe that aggression are a main mean to win an argumentum. Violence against male gender although least recognized, is a wide-spread human rights violation all over the world. But, GBV is less likely to injures male comparison to females (5-7). Nevertheless, perhaps females need to recognizes that although male and female aggressions are not the same, in both of them aggression is regarded as a criminal act (8). Severe and multiple trauma, which were found in our case, confirm that the female was not able to even defend herself. It is reported that bidirectional violence result in more severe injuries in intimate partner violence, especially for the female (9). The only parts our victims played in the violence was disobeying a command by her partners related to a social problem. According to the literature, there are an association between being a rural resident with victimization of girls and GBV. Other reports have shown that there is an association between adolescent dating violence and alcohol and drug abuse, higher numbers of sexual partners and being a gang member (10). Our case was from a rural area at the age of 40 and her husband was a drinker with a single sexual partner. According to some reports, the positive association
is at its highest level among unmarried females. From this, we can conclude that national data that focus mainly on married females cannot give us the exact picture of the prevalence of intimate partner violence in females’ lives.

CONCLUSIONS
GBV is still a cause of severe trauma that puts the patient’s life at risk. It might cause profound health problems that may need ICU admission.

ACKNOWLEDGMENTS
We acknowledge all hospital staff who served the patients.

REFERENCES