

Abdominal trauma seminar wareed 2023

تبیض

- High velocity penetrating trauma also lead to blunt trauma due to shock wave.
- Stable patient with positive CT scan doesn't always needs surgery.
- Seat belt sign .. etc. may indicate from 5th intercostal space to inferior gluteal fold posteriorly and inguinal crise anteriorly.

Fracture of lower ribs may lead to spleen or liver injury.

Spinal cord injuries may lead to decrease anal sphincter tone.

- Not all penetrating wound needs laprotomy=> first see if the wound penetrates the peritonum by retraction and probe insertion.

*Not inserting ((discharge the patient))

*inserting ((according to patient Status))

- Mechanism of injury = rupture "terminal ileum, 2nd and 3rd part of deudnum".
Because these sites have sphincters not a closed lobe as any other bowel site.
- if the patient has longitudinal scar or paraumbilical hernia do open DPL to insure not to injure the bowel.
- Usually combined injuries found FAST

=> Splenic injuries:

- kuller sign:: pain radiate to left shoulder due irritation to phrenic nerve.
- In case of selective splenectomy give vaccination against encapsulated bacteria as soon as possible after, surgery, in case of elective give it 14 before surgery "H. Influenza, s.p neumonia, M. Mangrialis"

- Hartmann procedure: if distal lobe is difficult to be tracted outside.

→ Rectal injuries: upper 1/3 as colon.
rare injury.

*intrapertitoneal

*extraperitoneal ::

-High.

-low:: "Sub peritoneal" near to presacral space. ,, the only type that not always need abdominal exploration.

=> perineal and rectal canal injury sphincter is most important thing.

- Atraumatic rupture of spleen :
 - Malignancy "Most common is leukemia, lymphoma.
 - Malaria
 - Infectious mononeucleosis.
- We should prevent splenosis in any patient with hematological disorder.

**Colonic injury:

- splenic Flexur + rectosigmoid junction area watershed areas (areas where there blood supply depend on anastomosis so high risk for necrosis).

- Bleeding per rectum is most important Sign.
- PR and Sigmoidoscope are needed when there is extraperitoneal signs.

*Vascularity and infections are the determining factors for colonic injury repair.

*Small wound without transaction = loop stoma.

*Double barrel stoma <5 cm same incision,,, >5 cm double incision