

A CLINICAL STUDY ON HOLLOW VISCUS INJURIES IN ABDOMINAL TRAUMA

INTRODUCTION

Abdominal injuries are the third most common injuries caused by trauma which includes both blunt and penetrating injuries affecting solid or hollow visceral organs or vascular structures with various modes of presentations ranging from deceptively normal appearance in to moribund and collapsed state.. This study focusses on hollow viscus injuries encountered in both blunt and penetrating abdominal trauma.

AIMS

To study about the incidence of hollow viscus injuries in both blunt and penetrating abdominal trauma and its relation with different variables.

MATERIALS AND METHODOLOGY

This study included 50 patients admitted in the casualty ward with abdominal trauma either blunt or penetrating with clinical, radiological or intraoperative findings showed hollow viscus injuries.

RESULTS

Most of the patients affected were in the age group of 21 – 30 years. Out of the 50 patients studied, 72% account for abdominal trauma due to blunt injury and 28% account for penetrating trauma. Males (88%) were affected more than females. In blunt trauma 61% cases were due to road traffic accidents and remaining were assaults and falls. Among the penetrating injuries all were stab injuries. Symptoms with which patients presented include abdominal pain, abdominal distension and hypotension. Intraoperatively ileum (42.8%) was found to be the most common organ injured in penetrating injuries and jejunum (44.4%) in blunt injuries with small bowel accounting for majority of the cases. Only 2 patients died postoperatively and for rest of the patients postoperative period was uneventful.

CONCLUSION

Abdominal trauma forms an important part of surgical management. Mostly penetrating injuries present with obvious clinical findings while the presentation in blunt injury might be normal at times. Thorough clinical examination is very essential in all cases along with relevant imaging techniques and rapid intervention.

KEYWORDS

Abdominal trauma, hollow viscus injuries, clinical examination, appropriate surgical interventions