

ABSTRACT

OBJECTIVES

- To find out age and sex distribution of blunt trauma abdomen
- To study the etiology of blunt trauma abdomen
- To study the modes of presentation, investigations and management for different organ injuries.
- To study the morbidity and mortality of blunt trauma abdomen.

BACKGROUND DATA

Abdominal trauma is a preventable cause of trauma-related deaths. Blunt abdominal trauma is a hard encounter because clinical signs may not be obvious. In view of its increasing incidence, diagnostic and treatment issues, this dissertation has been chosen.

METHODOLOGY

50 consecutive cases of blunt trauma abdomen presenting to Government Royapettah Hospital from April 2014 to September 2014 were prospectively studied. Patients with head, chest and orthopaedic injuries that require immediate surgical intervention were excluded from the study.

Various parameters were analysed, ie, age, sex, etiology, latent period, symptoms, signs, different organ injuries, investigations, treatment, operative procedures, complications, duration of stay in hospital, outcome and inferences made.

RESULTS

Blunt trauma abdomen was common in 3rd decade(26%), predominantly affecting males(80%). Road traffic accident was the commonest etiology(50%). 50% presented within 4 hours of injury. Pain(100%) and tenderness(98%) were the commonest presentation. 60% had intra-abdominal injuries. Spleen was commonly involved in 28%. USG and CECT were 73.3% and 100% sensitive, respectively. X-Ray was 85.7% sensitive in detecting bowel injuries. 56% were managed conservatively. 8% underwent splenectomy, the commonest procedure. Surgical site infections were seen in 18%. 72% were discharged without any complications. 6% died due to complications.

CONCLUSION

Preventing road traffic accidents can considerably reduce blunt trauma abdomen. Clinical suspicion is more important which could be complemented with investigations. In haemodynamically stable patients with low-grade injuries, conservative management can be tried with careful monitoring.

KEY WORDS

Blunt abdominal trauma; Road traffic accidents; Computed tomography abdomen; Early diagnosis; Conservative management.