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RESEARCH ARTICLE

BLUNT TRAUMA ABDOMEN - A COMPREHENSIVE STUDY IN PMCH, PATNA

*Dr. Gopal Paswan, Dr. Ankur Akela and Dr. Runni Kumari

Department of General Surgery, PMCH Patna, India

ARTICLE INFO	ABSTRACT
Article History: Received 30 th July, 2018 Received in revised form 23 rd August, 2018 Accepted 25 th September, 2018 Published online 30 th October, 2018	Background: 1.2 million die every year in road traffic accidents in the world. Abdominal trauma forms an important component of surgical emergencies. It is one of the leading causes of death and disability. The victims are mostly young adults and in the prime of their life. Various mode of Blunt injury abdomen, varied mode of presentation and diagnostic challenges that blunt injury abdomen poses forms a fascinating subject to study. Objectives: To study various aetiologies of blunt trauma abdomen and their outcomes in
Key Words:	term of morbidity and mortality.
Blunt Trauma Abdomen, Road Traffic Accident, Spleen.	 term of morbidity and mortality. Methods: 50 cases of blunt trauma abdomen admitted to emergency surgical ward of PMCH, Patna were selected for study. After resuscitation patient were subjected to clinical examination and investigation. Based on above patient were taken either for surgery or conservative management. Operative findings were noted and follow-up of the patients was done till discharge from hospital. Results: The majority of the cases belonged to 21-30 years age group (40%). Road Traffic Accident (RTA) constituted the majority of the cases (70%). Spleen was found to be the most common organ injured (30%) followed by liver (20%). The mean stays of patient ranged from 10-19 days. The mortality rate was 20% in this study. Conclusion: Road traffic accident is the commonest cause of the BTA with male predominance of 3:1. People in age group of 3rd and 4th decade was common. Spleen was the most common solid organ injured followed by liver. Hypovolemic shock due to bleeding and sepsis contributes to the major cause of death.
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INTRODUCTION

1.2 million die every year in road traffic accidents in the world. It is one of the leading causes of death and disability in both industrialized and developing countries. Unrecognized intraabdominal injury remains distressingly frequent cause of preventable death in patient with blunt injury abdomen. Abdominal trauma forms an important component of surgical emergencies. It is one of the leading causes of death and disability. The victims are mostly young adults and in the prime of their life. Evaluation of a patient with abdominal trauma can be a most challenging task that a surgeon may be called upon to deal. Various mode of Blunt injury abdomen, varied mode of presentation and diagnostic challenges that blunt injury abdomen poses forms a fascinating subject to study.

**Corresponding author:* Dr. Gopal Paswan, Department of General Surgery, PMCH Patna, India.

Aims and objectives

- 1. To study the incidence and mode of injury of blunt trauma abdomen at PMCH, Patna.
- 2. To study clinical presentation and incidence of organ involvement.
- 3. To study the method of treatment.
- 4. To study the morbidity and mortality rates.

MATERIAL AND METHODS

The materials for the clinical study of acute intestinal obstruction were collected from patients admitted to emergency surgical ward of PMCH, Patna.50 cases of blunt trauma abdomen have been studied. After resuscitating the patient, all patients were subjected to careful clinical examination. Depending on the clinical findings decision was taken for further investigations such as FAST, X-ray abdomen, CT abdomen and IVP. Based on outcomes the decision for operative and conservative management were made.

Patient selected for conservative management were placed on strict bed rest and strict monitoring of vitals were done. In operated patients, the operative findings and method of management are recorded. If patient expired postmortem findings are noted. Post-operative morbidity and duration of hospital stay were recorded.

RESULTS

The total number of patients in study were 50, out of which 38 were male and 12 female giving a male to female ratio of 3:1. The majority of the cases belonged to 21-30 years age group (40%).40 patients underwent surgery where as remaining 10 had conservative management. Road Traffic Accident (RTA) constituted the majority of the cases (70%).75% of the patient were FAST positive. Spleen was found to be the most common organ injured (30%) followed by liver (20%). The mean stays of patient ranged from 10-19 days with wound infection as most common post-op complication (10%).10 patients died in present study .8 patient belonged to operative group and the other 2 from conservative group making the mortality rate of 20% in this study.

Conclusion

Road traffic accident is the commonest cause of the BTA with male predominance of 3:1. People in age group of 3rd and 4th decade was common. Spleen was the most common solid organ injured followed by liver. Hypovolemic shock due to bleeding and sepsis contributes to the major cause of death.

REFERENCES

- Bagwell, C.E. and Freguson, W.W. 1980. Blunt abdominal trauma: Exploratory laprotomy or peritoneal lavage. *Am. J. Surg.*, 140:368-373.
- Brunsting, L.A. Morton, J.H. 1987. Gastric rupture from blunt trauma. J. Trauma, 27:887,891.
- Butain, W.L., Lynn, H.B. 1979. Splenorrhaphy, changing concepts for traumatized spleen: Surg 86:148.
- Carey, L.C., Lowery, B.D. 1971. Haemorrhagic shock. Curr. Prob. Surg., 8:37.
- Cerise, E.J., Secully, J.H. 1970. Blunt trauma to the small intestine. J. Trauma., 10:46-50.
- Coghill, T.H., Moore, E.E., Jurkovich, G.J. et al. 1988. Severe hepatic Inuries, J. Trauma.
- Evans, J.P. 1973. Traumatic rupture of ileum. Br. J. Surg., 60:119-121.
- Tavakkolizadeh Ali, Whang, E., Ashley Stanley, W., Zinner Michael, J. Small intestine.9th ed. Chapter 28.-Schwatz's Principles of Surgery, 9th edition; The McGraw-Hill Companies, Inc
- Townsend, M. Jr, Beauchamp, D.R., Evers, M.B., Mattox, K.L. Townsend, 2007. Sabiston Textbook of Surgery, 18thedition; Copyright, Saunders, An Imprint of Elsevier.
- Williamson, R.C.N., Jiao, L.R. 2006. Small bowel.5thed. Chapter 14.In: General surgical operations, Kirk RM ed. England: Churchill Livingstone Elsevier, pg.209-27.
