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Abstracts

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PROGNOSTIC FACTORS IN PATIENTS WITH PENETRATING COLON INJURIES IN 21 YEARS OF A BRAZILIAN TRAUMA CENTER

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Introduction: The penetrating colon injuries has a low mortality rate (10–20 %), but a high morbidity (15–50 %).
Materials and methods: Identify the prognostic factors involved in penetrating colon trauma. In 21 years of study, 462 patients were admitted with colon trauma into the trauma center at the Hospital of Unicamp, excluding the 92 patients with blunt trauma and 45 with penetrating abdominal trauma, with grade I lesions, totaling the 324 patients in this study.
Results: Of these patients, 90.7 % were male, with a mean age of 28.9 years. The gunshot's injuries were responsible for 82.4 % of cases. The overall morbidity was 39.8 %, with abdominal infection rate of 20.2 % (8 % of patients). The mortality rate was 13.6 %. Fistula or dehiscence of the colon anastomosis was present in 14 patients (4.3 %), 13 in the context of primary repair (72.2 % of cases). Destructive lesions of the colon and patient and a changed RTS have higher morbidity and mortality. Patients with higher intracavitary bleeding, multiple abdominal injuries or thoracic injury associated with colon also have higher morbidity. And the patients with ISS greater than or equal to 25, required a blood transfusion, which had coagulopathy and stomach lesions in association with colon have also higher mortality.
Conclusion: To reduce morbidity and mortality of penetrating colon injuries, this risk factors involved must be known.
References:
1. Hatch et al. Outcomes after colon trauma in the 21st century. 2013
2. Stone and Fabian. Management of perforating colon trauma. 1979
3. Burch et al. The injured colon. 1986
Disclosure: No significant relationships.

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TRAUMATIC ANORECTAL INJURIES IN ALBANIA: A PROSPECTIVE STUDY OF 68 PATIENTS

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Introduction: Traumatic anorectal injuries (TAI) are uncommon, yet carry significant morbidity and due to associated injuries, high mortality. The objective of this study is to evaluate TAI based on anatomic localization of injury, causes, clinical presentation, treatment and complications.
Materials and methods: A prospective study of all patients with TAI treated during January 2007 to October 2013 at the National Trauma Center, Trauma University Hospital in Tirana, Albania. Gender, age, mechanism of injury, surgical approach and complications were analyzed.
Results: Sixty-eight patients were treated for TAI during this study period. 75 % (51) were males, 25 % (17) females, and average age 37.2 years (9–68). 83.8 % (57)sustained penetrating trauma, (63.1 % (43) from gunshot and explosives), 16.2 % (11)sustained blunt trauma. Extraperitoneal rectal injuries occurred in 60.2 % (41), intraperitoneal rectal injuries in 19,1 %(13)and isolated anal sphincter injuries in 13.2 % (9). 25 % (17) sphincter injuries and extraperitoneal rectal injuries. 92.6 %(63) of patients were treated operatively(diverting colostomy 91.1 % (62); 86.7 % (59) Hartman procedure). Presacral drainage and distal washout performedin 38.2 % (26) and 13.2 % (9) respectively. Primary sphincteroplasty in 5.9 % (4), delayed sphincteroplasty in 4.4 % (3). Complications occurred in 58.5 % (40) which include abscesses (perianal 9 (13.2 %), intra-abdominal 2 (2.9 %), fistulae (recto-vesical 1(1.47 %, recto-vaginal 1 (1.47 %); osteomyelitis 2 (2.9 %), and incontinence 17 (25 %).Average length of hospital stay 16 days, while overall mortality was 8.8 % (6). Complications and mortality were due to associated injuries and delay in diagnosis.
Conclusion: The anorectal injuries, particularly from gunshot wounds or explosives have serious consequences and demand multidisciplinary approach. The majority of our patients underwent diversion and resection.
References:
1. McGrath et al. Rectal trauma: management based on anatomic distinctions. Am. Surg. 1998;64(12):1136–41
Disclosure: No significant relationships.

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ROLE OF THE PHYSICAL EXAMINATION AND NEW DIAGNOSTIC METHODS IN THE PREVENTION OF UNNECESSARY LAPAROTOMY DUE TO ABDOMINAL PENETRATING OBJECT INJURIES

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Introduction: Prevention of unnecessary laparotomy by conservative approach in cases with abdominal trauma produced by penetrating objects.
Materials and methods: From 952 penetrating injury cases administered to İstanbul Faculty of Medicine, Emergency Surgery Unit during the time interval of 1 January 2008, 30 September 2012; 147 abdominal injury (lower thoracic region, anterior abdominal wall, and back) cases are evaluated retrospectively according to the demographic data, the site of injury, additional trauma findings, hemodynamic parameters, time passed until hospital administration, diagnostic method and treatment method. The conservative approach is based on physical examination, hemogram follow-up and hemodynamic evaluation.
Results: As a result use of physical examination and/or different diagnostic methods, decreases the nontherapeutic laparotomy number and prevents negative laparotomy. Surgeons have to make a vital decision to choose right diagnostic technique in nonoperative approach of abdominal penetrating object injuries.
Conclusion: Correct evaluation and effective use of detailed physical examination and diagnostic methods decreases frequency of negative laparotomy and nontherapeutic Results: from 147, 118 cases (80 %) are followed conservatively, 14 cases are operated in early period (1–8 h) and 15 cases are operated in late period (9–48 h). 2 early operation cases and 2 late operation cases are accepted as negative laparotomy and, 1 case is accepted as nontherapeutic laparotomy. 43