

ATLS CASE PRESENTATION

PRESENTER: DR NABaweera REBBECCA

INTERN DOCTOR GENERAL MILITARY HOSPITAL BOMBO

HISTORY

- Initials: SS
- Age: 27years
- Sex: male
- Address: kawempe
- Occupation: Motorcyclist
- **Presenting complaint: *severe abdominal pain for 2 hours***
Bleeding from the left lower eyelid for 2 hours

HISTORY OF PRESENTING COMPLAINT

- Received a 27/M motorcyclist, presented with complaints of a bleeding left eyelid laceration and severe left upper abdominal quadrant pain following head on collision with a speeding truck.
- on impact he fell head first, face down. No history of loss of consciousness, convulsions, headache, vomiting, bleeding from the ears or nose.

ON EXAMINATION;

AIRWAY: patent, no secretions from the mouth

BREATHING: bilateral equal air entry with vesicular breath sounds

EXAM CONT.....,

CIRCULATION: severe conjunctival and palmar pallor, cold extremities, tachycardia-128b/min with weak thready radial and dorsalis pedis pulses, Blood pressure=87/58mmHg, capillary refill 4s

DISABILITY: Fully conscious, GCS-15/15, Pupil equal and reactive to light

SECONDARY SURVEY

Head and neck: bleeding laceration on the lower left eye lid with multiple bruises.

Neck soft and non tender

Abdomen: mildly distended with a bruise on the left upper quadrant, soft, had marked generalized tenderness with guarding

- Chest: Not in respiratory distress, RR=14cycles/min, SPO2=96% on room air, chest symmetrically moving with respiration, non tender on palpation with equal expansion, resonant on percussion
- Bilateral equal air entry, vesicular breath sounds, heart sounds I abd 2.

- Pelvic region: mild lower abdominal tenderness but no lower back tenderness, spring test negative with normal micturition and bowel habits.
- Lower limbs: No obvious masses or bruises on the lower limbs, muscle power, tone and bulk were normal.



IMPRESSION

- 27/M with
 1. Soft tissue injury
 2. Hypovolemic shock ?? visceral organ injury due to blunt abdominal trauma

INTERVENTIONS (A COLLECTIVE EFFORT)

- 2 large bore cannulas
- Complete blood count plus grouping and crossmatching of 2 units of blood
- IV normal saline 1 litre stat
- IV ceftriazone 2g stat
- Do eFAST
- Prepare patient for emergency ex-lap and STS of eyelid laceration

- hemodynamically normal
??

- hemodynamically stable

CATEGORY

- hemodynamically
unstable ??
- trauma laparotomy: final
step in pathway to
delineate intra abdominal
trauma

FOLLOW UP

Emergency exlap findings;

- Hemoperitoneum
- Gut contents
- Avulsed spleen (grade 5 splenic injury)
- Perforation on the lesser curvature of the stomach
- Appendicitis

Interventions

- Expelled 3 litres of blood mixed with food contents
- Splenectomy
- Gastric perforation repair
- Appendectomy
- Lavage
- Closed abdomen in layers with a suction tube
- Transfused with 360mls of packed cells

- Damage control surgery
Vs Definitive surgery????

POST OP

- Patient was admitted to HDU
- Transfused with 2 units of packed cells
- Antibiotics given- cefepime 2g od and metronidazole 500mg tds
- Analgesia
- Patient was transferred to ward after 48 hours and was then discharged after more 72 hours.

- THANK YOU SO MUCH!!!!!!

