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GLOBAL HEALTH



ECHO SESSION CASE PRESENTATION

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Case Presentation

Case – B.F, a 56y/F, with no known chronic illness, brought in by police, with 2 hrs h/o bilateral leg pain, inability to bear weight, and bleeding from a wound on the Rt leg following RTA in which she fell off a motorcycle where she was a passenger after being knocked down by a passenger vehicle with impact on the Right side, denies h/o LOC or bleeding from ENT



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Primary Survey (Emergency Assessment and Management)

A	Airway and C Spine	<ul style="list-style-type: none"> Patent, No C Spine tenderness 	
B	Breathing	<ul style="list-style-type: none"> Not in distress RR= 18 bpm, SPO2= 97% at RA Equal air entry with no added sounds 	
C	Circulation	<ul style="list-style-type: none"> CRT >2s, warm peripheries Had a bleeding laceration of 4x2 cm on the anteromedial aspect of the distal Rt leg PR=118 bpm, thin, thready & regular BP=102/64mmHg, PR= 82Bpm S1 & S2 normal, no added sounds 	<ul style="list-style-type: none"> 2 large bore cannulas inserted Blood samples for investigations Achieved hemostasis by pressure dressing with gauze and bandage IV N/S 1L in the first 1 hr, BP=112/76 mmHg, PR=96 bpm

Primary Survey (Emergency Assessment and Management)

D	Disability	<ul style="list-style-type: none">• Fully conscious, GCS 15/15 (M=6, E=4, V=5)• Pupils normal, equal & reactive	
E	Exposure	<ul style="list-style-type: none">• Axillary temperature was 36.8 °C• Mildly soiled pressure dressing over the distal 3rd, Rt leg with a valgus deformity on the Rt leg with a Procurvatum deformity in the Lt leg	

Secondary Survey (Head-to-toe examination)

G/E – FGC, in pain, Fully conscious, No DeH₂O, No pallor, No jaundice, no cyanosis, no edema, and no lymphadenopathy

MSS EXAM:

Rt L.L ; Valgus deformity over distal 3rd of the Rt Leg with a 4 x 2 laceration on the anteromedial aspect with visible tibia. Severe tenderness over the same area with bone discontinuity over the distal 3rd of tibia/fibula with crepitus. Ankle ROM wasn't assessed due to the pain, Distal neurovasculature was intact.

Lt L.L; Had a procurvatum deformity between the mid and distal 3rd of the Lt leg with no wound. Severe tenderness over the same area with bone discontinuity over the tibia with crepitus. Ankle ROM wasn't assessed due to the pain, Distal neurovasculature was intact.



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Secondary Survey (Head-to-toe examination)

CVS – normoactive precordium, HS1 & 2 normal, no added sounds

R/S – normal chest shape, no tracheal deviation, normal resonance, equal air entry with no added sounds.

P/A – normal fullness, moving with respiration, no palpable organs



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Secondary Survey (Head-to-toe examination)

ENT –good oral hygiene, no nose or ear discharge or pain

CNS –Fully Conscious, GCS=15/15, PEARL



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SAMPLE History

S	Sign & Symptom	<ul style="list-style-type: none">Reportedly had obvious weight loss , LOC, 4 episodes of generalized convulsions, had polyphagia and coughAbnormal forced breathing, semi-conscious, Confused, with obvious prominent zygomatic arches, sunken eyes, dry lip
A	Allergies	No known drug or food allergies
M	Medication	Was not on any chronic drugs neither had she taken any drugs

SAMPLE History

P	<ul style="list-style-type: none"> • Past Medical History • Past Surgical History • FSH 	<ul style="list-style-type: none"> • No h/o any chronic medical illnesses • Index admission, No h/o any operations, blood transfusion • Married to one man , with 7 children(5boys, 2girls), with no familial h.o DM or HTN 	
L	Last meal/LNMP	Post-menopause, Last meal was about 7 hrs prior to admission	
E	Events	She presented with a 2 hrs h.o bilateral leg pain a.w inability to bear weight on both lower limbs with bleeding from a wound on the Rt leg following RTA with no h.o LOC or bleeding from ENT	

Problem List

1. Bilateral Leg Pain
2. Inability to bear weight on both limbs
3. Bleeding from a Laceration on the Rt Leg

Investigations

- Plain X Rays Bilateral Tibia and Fib
- CBC- HB= 12.4 g.dl, PLT 340
- RFTS -Creatinine -95, Urea 6.2, NORMAL
- LFTS - normal
- HepBsAg – negative
- RCT – negative
- HCVab – negative

PreOP X RAYs



Diagnosis

Multiply Injured patient with

- Open Rt Tibia and Fibula # AOTA 42A3, 4F2A1
Gustillo 2
- Closed Lt Tibia # AOTA 42A3



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Management

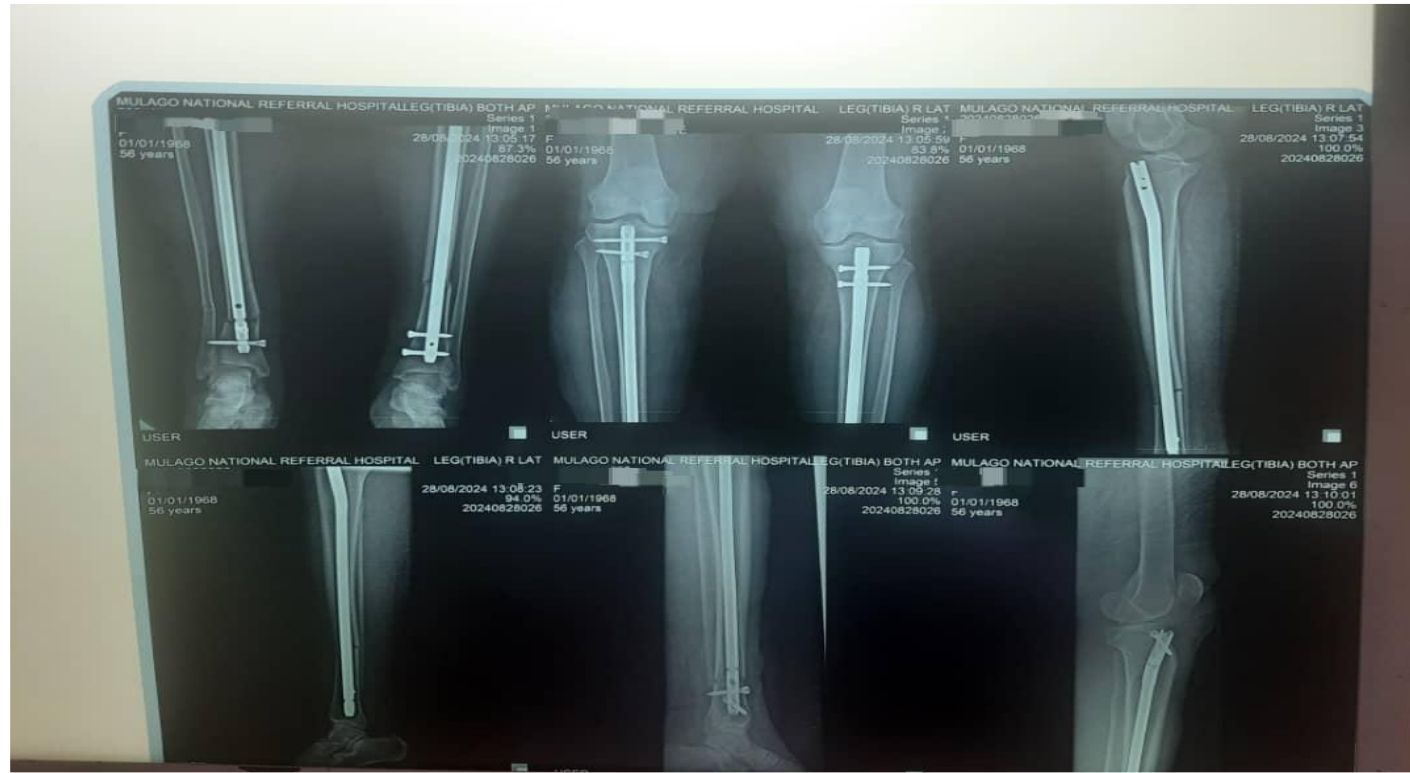
Initial Management in A and E

- Hemostasis
- IV Fluids
- Analgesia and Antibiotics+ TT
- Debridement + Bilateral Long Leg back slabs

Definitive

- ORIF with IMN Bilaterally
- Anticoagulants
- Analgesia and antibiotics

PostOP X RAYs



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Thank you