

Case Presentation

for

EMS ECHO Session on Abdominal trauma

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Medical Officer

- MR, 38Y/M a motor cyclist with no known chronic illnesses came in with history of being involved in a road traffic accident 4 hours ago where he collided with another motor cyclist fell off a boda boda by his right side of the body after which he developed worsening generalized abdominal pain exacerbated by change of position .
- Reported headache , loss of conscious for some time but there was no convulsions, vomiting

Airway and C-spine	airway clear Able to talk and support his neck	
Breathing	RR-18 bpm,SP02-96% RA Chest is symmetrical moving on respiration , no tenderness , bilateral air entry with no added breath sounds	Oxygen therapy-NP-SPO2-98%

Circulation	<p>warm peripheries, CRT<2s</p> <p>tachycardia 111bpm,thready pulse</p> <p>hypotensive BP-85/53 mmhg</p> <p>heart sounds normal</p>	<p>2 IV large bore cannula N/s 1L stat blood samples taken-BT 2units requested. Transurethral catheter with urine bag</p>
Disability	<p>Drowsy GCS-E-3,V-5,M-6=15/15 Pupils: EARL soft neck normal power in both limbs , Intact sensation RBS-6.7mmol/l</p>	

Exposure	Facial and scalp laceration Chest posterior and anterior wall no bruises,no tenderness Abdomen-generalized tenderness with guarding and rebound tenderness	STS done, IM tramadol 100mg given
E-FAST	hemoperitonium with grade 11 liver injury	Planned for Brian CT scan IV traxenamic acid 1g stat

S	Signs and symptoms	generalised abdominal pain Facial and scalp lacerations loss of consciousness
A	Allergies	None
M	Medications	no history of any daily medication or recent medication
P	Past medical history	No known chronic illness,HIV sero status not known(last tested 2 years ago) no history of surgery ,major trauma or BT
L	Last meal	Last ate lunch 7hrs ago
E	Events	He collided with the other motorcyclist n fell off the boda boda

Problem list

1. Hypotension due blunt abdominal trauma with possible liver injury
2. Mild head injury
3. Soft tissue injury

FOLLOW UP

- Brain CT scan done was normal.
- General surgeons informed, reviewed scheduled for emergency ex-lap and admitted the patient to ICU for BP stabilization
- IV Ceftriaxone 2g od x 5/7
- IV metronidazole 500mg tds x 5/7
- IM TT 0.5ml stat
- IV Paracetamol 1g tds x 3/7
- IV NS 2L in 24HRS.

EX- Lap was done, deep laceration on the right lobe of the liver, actively bleeding was found, abdominal packing was done and no bleeding observed. Gut, spleen, gallbladder normal.

Pack was removed after 48 hrs and no bleeding was observed, patient discharged on oral antibiotics and analgesics after 7 days of hospital stay