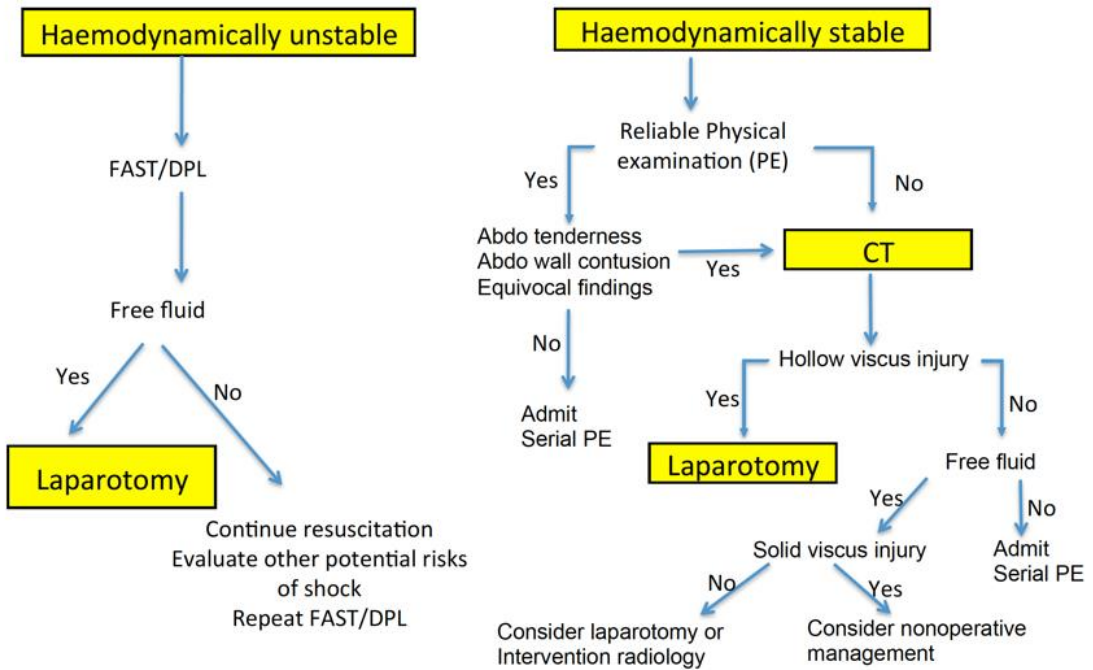


Abdominal Trauma

Blunt Abdominal trauma

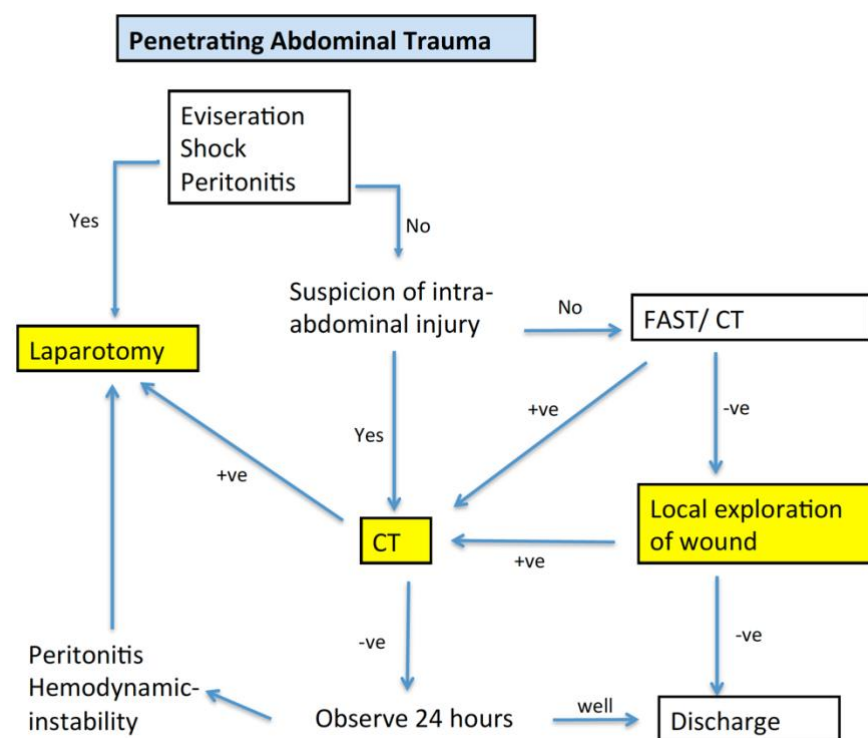
- In haemodynamically unstable patients (systolic blood pressure 90 mm Hg) with blunt abdominal trauma, bedside ultrasound, when available, should be the initial diagnostic modality performed to identify the need for emergent laparotomy.
- A negative ultrasound result in haemodynamically unstable patients does not preclude the need for further diagnostic testing. In addition, diagnostic accuracy of bedside ultrasound may vary depending on sonographer skill and equipment
- CT has the advantage of being very sensitive and specific for solid-organ blunt abdominal trauma injuries and provides information not supplied by other diagnostic modalities; however, it is expensive, time consuming, and the patient is at risk for complications from ionising radiation and contrast-induced nephropathy.
- Ultrasound can be performed rapidly at the bedside, is inexpensive, and has no known associated risks, in addition to having favorable test characteristics.
- When evaluating blunt abdominal trauma, the initial CT may be performed with IV contrast only, even if there is suspicion of bowel injury.
- Patients with isolated abdominal trauma, for whom occult abdominal injury is being considered, are at low risk for adverse outcome and may not need abdominal CT scanning if the following are absent: abdominal tenderness, hypotension, altered mental status (Glasgow Coma Scale score 14), costal margin tenderness, abnormal chest radiograph, hematocrit 30% and hematuria.
- Clinically stable patients with isolated blunt abdominal trauma can be safely discharged after a negative result for abdominal CT with IV contrast (with or without oral contrast). Further observation, close follow-up, and/or imaging may be warranted in select patients based on clinical judgement.

Blunt Abdominal Injury



Penetrating Abdominal trauma

- Some penetrating abdominal injuries can be successfully managed nonoperatively
- The majority of gun-shot injuries are best served by laparotomy.
- DPL (diagnostic peritoneal lavage) has a very limited role.
- Laparoscopy in expert hands can be considered an option in a haemodynamically stable and low risk patient.



References

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