

PANEL DISCUSSION
FAST TRACK ABDOMINAL INJURY WITH SHOCK

Chonburi hospital

HISTORY

- A Thai male 39 years old
- CC : He had motorcycle vehicle accident for 2 hours
- Refer to ED Chonburi hospital from rural hospital

PRIMARY SURVEY AT RURAL HOSPITAL

- A : Patent airway, no stridor, can talk, no C-spine injury
- B : Lung clear equal both SpO₂sat 98%
- C : BP **can't measure HR 94/min**
 - FAST positive at cul de sac, hepatorenal, splenorenal
 negative at pericardium
- D : E4M6V5, Pupil 3mm RTLBE
- E : No active external wound bleeding

RESUSCITATION AT RURAL HOSPITAL

- 2 large bore IV fluid by LRS
- Load LRS 2000 ml → **BP 50/30 PR 95**
- Hct stat 33%
- PRC 2 u iv freeflow
- FFP 2 u iv freeflow
- Dopamine (2:1) iv 20 ml/hr
- Refer to CBH **BP 93/52 PR 101**

PRIMARY SURVEY AT CHONBURI HOSPITAL

- A : Patent airway, no stridor, can talk, no C-spine injury
- B : Lung clear equal both o2sat 99%
- C : BP **BP 87/57 HR 112/min**
 - FAST positive at CDS, hepatorenal, splenorenal
negative at pericardium
- D : E4M6V5, Pupil 3mm RTLBE
- E : No active external wound bleeding no deformity

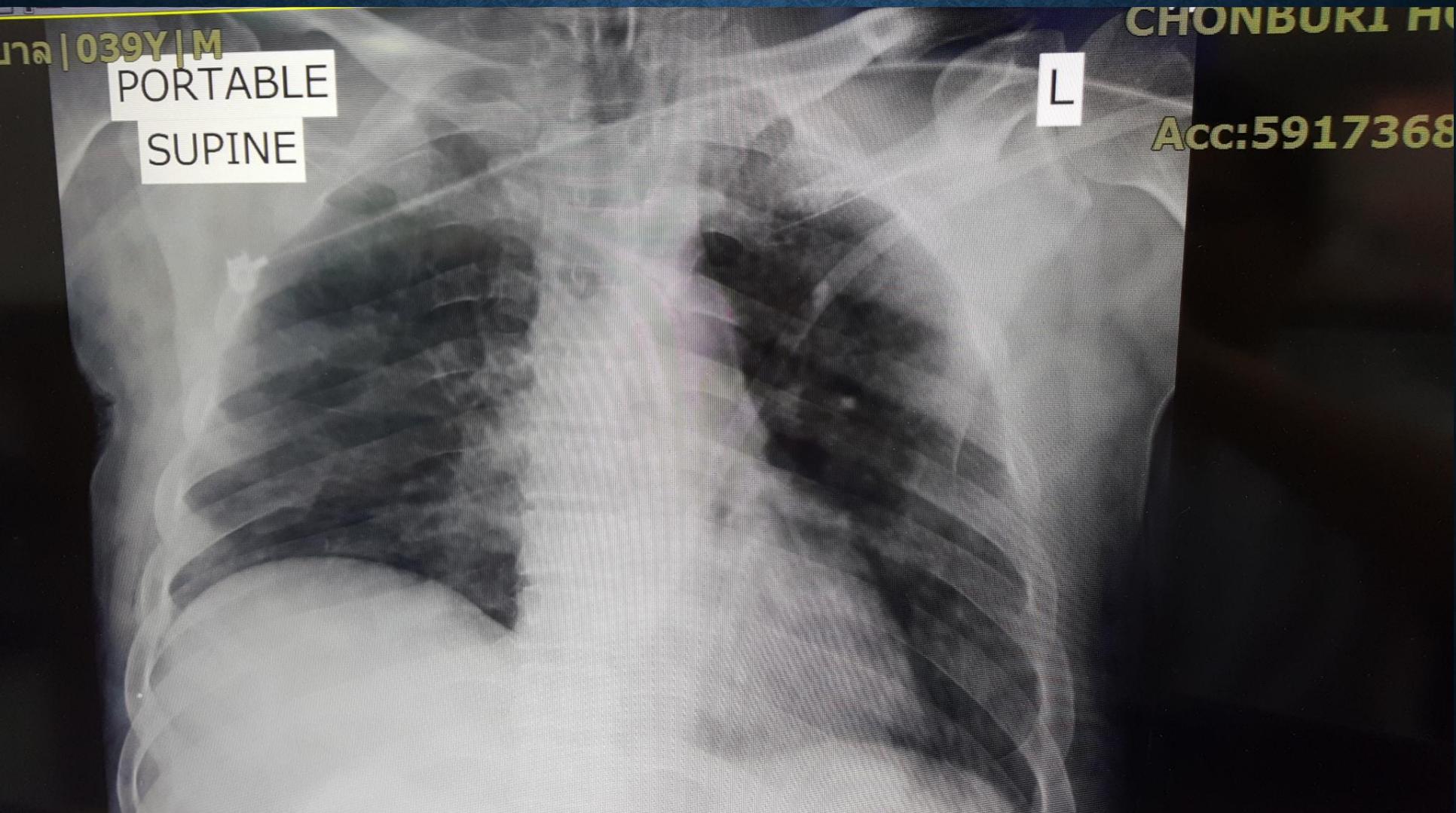
RESUSCITATION AT CHONBURI HOSPITAL

- 2 large bore IV fluid by LRS
- Load LRS 1000 ml → **BP 95/50 PR 110 bpm**
- Hct stat 33 → 24%
- PRC 3 u iv freeflow
- FFP 2 u iv freeflow
- Total iv 3000ml PRC 5 u FFP 4u
- Dopamine (2:1) iv 20 ml/hr

ADJUNCT TO PRIMARY SURVEY

- NG → minimal GI content
- Foley → minimal amount of clear yellow urine

ADJUNCT TO PRIMARY SURVEY



PORTABLE
SUPINE

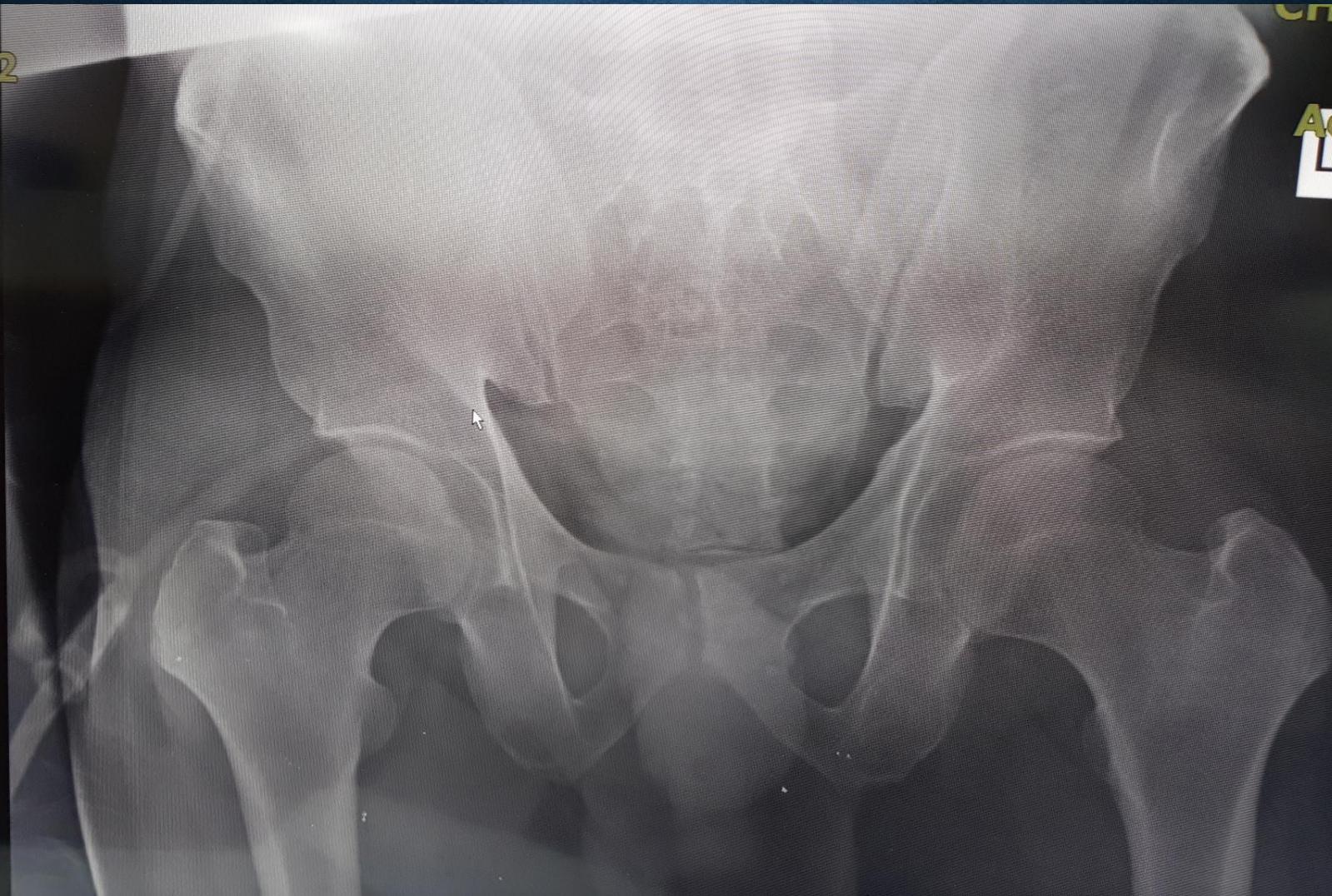
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ADJUNCT TO PRIMARY SURVEY



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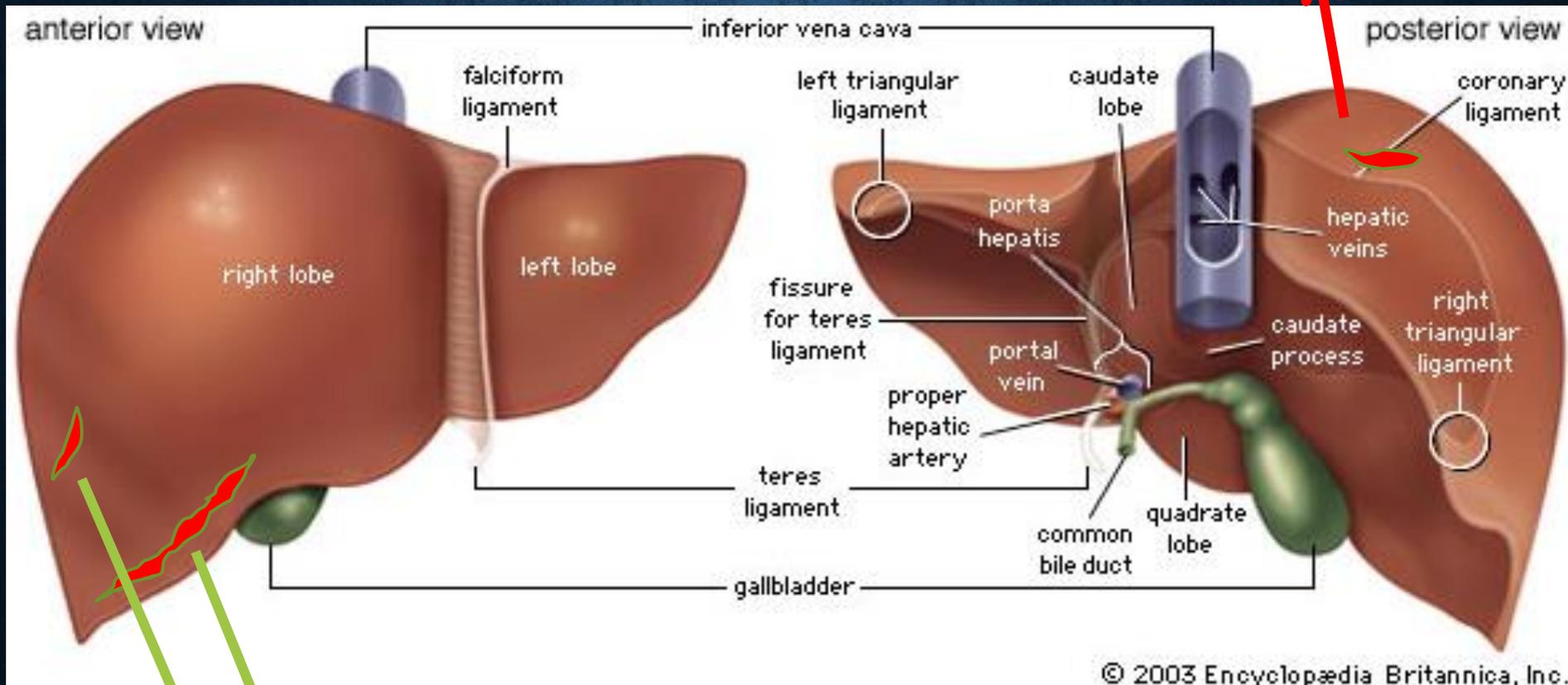
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MANAGEMENT DAY 1

- Set ER to OR
- Finding
 - Hemoperitoneum 2500 ml
 - Liver injury laceration at segment 5,6 about 5 cm with minimal bleeding
 - Liver injury segment 8 about 2 cm with active pulsatile arterial bleeding

Active bleeding



Oozing

MANAGEMENT DAY 1

- Caутery stop bleeding
- Pringle maneuver
- Suture liver
- Gelfoam packing in laceration
- Packing

MANAGEMENT DAY 1

- Bleeding still active after do all of previous procedures
- Right hepatic artery Ligation → Bleeding was stopped
- Temporary abdominal closure

MANAGEMENT DAY 3

- Off packing liver
- No active bleeding

HOSPITAL COURSE DAY 12

- Sheath dehiscence
- Set OR for repair sheath
- Finding **Infected hematoma** content at left and right paracolic gutter, CDS, interbowel loop, and perihepatic area 400ml
- Management
 - Abdominal toilet with temporary closure

HOSPITAL COURSE DAY 16

- Drain at RUQ area and RLQ area → Active bleeding 500 ml
- Hct 31 → 27.6%
- Vital sign BP 110/87 PR 70 → BP 100/56 PR 110
- Still going on bleeding

HOSPITAL COURSE DAY 16

- Set OR re-explore laparotomy emergency
- Removed infected hematoma
- Can't identify bleeding point (May be spontaneous cessation of bleeding)

MANAGEMENT

- CT upper abdomen work up cause of bleeding?



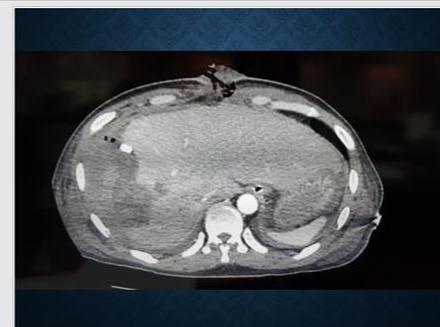
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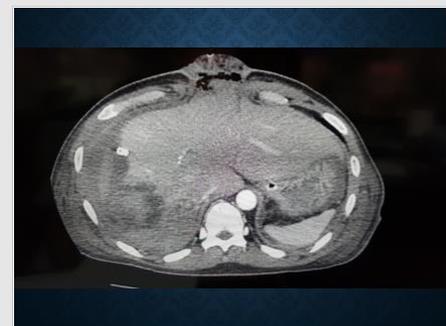
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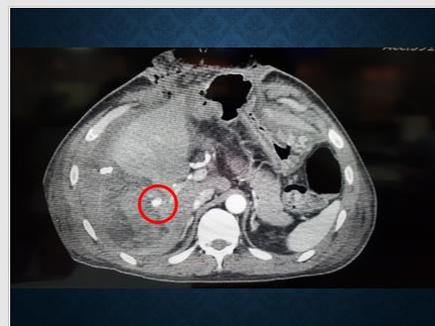
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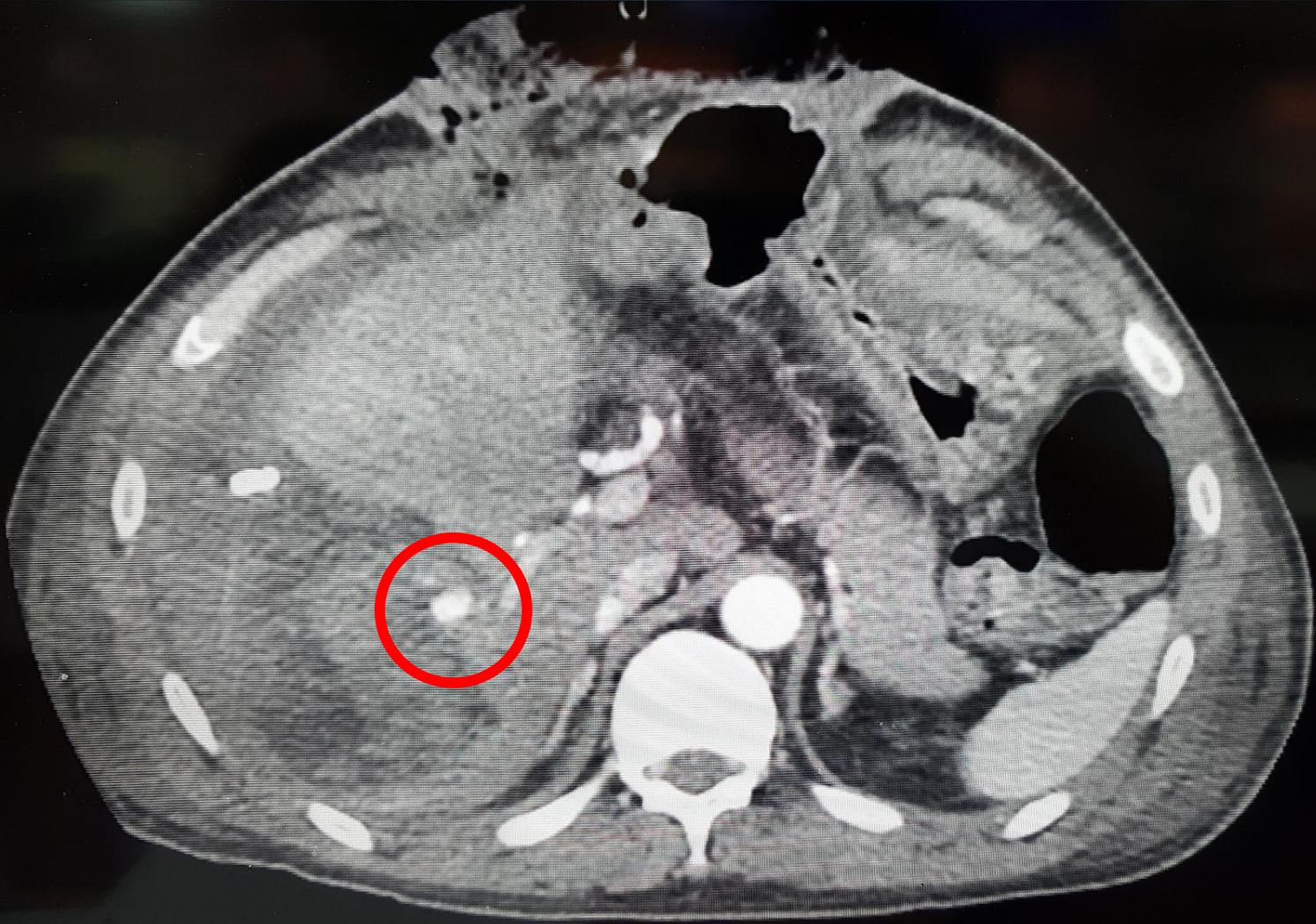
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MANAGEMENT

- Refer to angioembolization