Vol. 16, No. 4
ORIGINAL PAPER

GENERAL SURGERY

MEDICAL CHANNEL
OCTOBER- DECEMBER 2010

PENETRATING ABDOMINAL TRAUMA: OUR EXPERIENCE

1. **SHAHID HUSSAIN SOOMRO** FCPS
2. **SAIMA ATHAR SHAIKH** FCPS
3. **AKLEEMA ASAD ABRO** FCPS
4. **MUHAMMAD SALEEM SHAIKH** FCPS

1. ***Assistant Professor*** **Surgical unit III** CHANDKA MEDICAL COLLEGE HOSPITAL, LARKANA.
2. ***Assistant Professor*** **Surgical unit III** CHANDKA MEDICAL COLLEGE HOSPITAL, LARKANA.
3. *Assistant Professor* **Surgical unit III** CHANDKA MEDICAL COLLEGE HOSPITAL, LARKANA
4. ***Associate Professor*** **Surgical unit III** CHANDKA MEDICAL COLLEGE HOSPITAL, LARKANA

Correspondence Address
DR. SHAHID HUSSAIN SOOMRO
Assistant Professor
Surgical unit III
CHANDKA MEDICAL COLLEGE HOSPITAL, LARKANA.

ABSTRACT

OBJECTIVE: *To evaluate the causes, pattern and outcome of management of penetrating abdominal trauma.*
This Case series study was conducted at Department of Surgery, Chandka Medical College Hospital Larkana, from 01-01-2008 to 30-03-2010 with sample size 226 cases
SAMPLING TECHNIQUE: *Non probability purposive.*
Inclusion criteria:
All patients with penetrating abdominal injuries (FAI, stab, accidental and blast) were included in this study,
Exclusion criteria:
- *Patients age less than 15 years*
- *Patients not consented for study*
- *Patients not operated.*
- *Patients shifted to other hospital for further necessary management*

DATA COLLECTION: *All the patients who met inclusion criteria were included in this study. All patients were resuscitated base line investigation and X-ray abdomen (erect and supine) done. Blood sent for grouping and cross matching. All unstable patients were operated, while those stable were reassessed clinically and U/S was done. Following parameters were noted on specifically designed proforma, including biodata of patient, weapon used causes of injuries, laparotomy findings, and mortality.*
DATA ANALYSIS: *Data was entered and analyzed by SPSS version 15. Mean and ± SD was calculated for age of the patient, Frequency and percentage was calculated for gender, weapon used, cause of injuries, organ injured and mortality*
RESULT: *226 patients of penetrating abdominal injuries admitted through emergency department were included in this study.*
Age ranged from 16 to 68 years with mean and standard deviation was 32.42 years +/ - 11.65. Male to female ratio was 9.2: 1
156(69%) patients belong to rural areas while 70(31%) were urban.
Firearm injury (93.36%) was the most common cause of penetrating injuries followed by stab injuries (4.8%), accident (0.8%) and blast. (0.8%)
Homicide (91.15%) was the most common reason behind injuries, followed by suicidal (8%) and accidental (0.8%). Laparotomy was done in all cases. Small bowel (40.7%) was the most commonly injured organ. Mortality rate was 6(2.6%).
CONCLUSION: *Penetrating abdominal trauma is a life threatening condition. Most common cause is firearm injury in young adults for homicidal purpose in rural areas. Small intestine is the commonly injured organ.*

KEY WORDS: Penetrating abdominal injuries, FAI, Homicidal, small bowel.

INTRODUCTION:

Abdominal injuries are on the increase in both developed and developing countries, as result of violent crime and war injuries. They remain the major source of morbidity and mortality.[1]

Approximately 1.2 million people died of RTA injuries, 815000 from suicidal and 520000 from homicidal. In UK the accidental and deliberately injuries standardized death rate is 27.28 death of all age per 100,000 inhabitants per year. Accidental cases are more common in elderly population where as in youngest, homicidal are prominent.[2]

Penetrating abdominal injuries may be due to low velocity projectile such as knives, hand gun, bullet or high velocity projectile such as rifle or shrapnel from bomb blast. Causes of penetrating injuries could be homicidal, suicidal or accidental.

Fire arm Injury (FAI) is the most common cause of penetrating abdominal trauma (PAT).