MAN WITH DANGLING BOWEL

Poster No. 69

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INTRODUCTION:

Blunt traumatic wall disruption associated with evisceration is very rare. We describe a case of traumatic abdominal wall disruption with bowel evisceration that occurred after a teenage man sustained direct focal blunt force impact to the lower abdomen after a road traffic accident (RTA).

CASE REPORT:

A 19-year-old man presented with laceration wound over the left groin after collided head on in a RTA. His blood pressure was 128/88 mmHg, pulse rate of 120 beats/min, pain score of 10/10, and a Glasgow Coma Score (GCS) of 15 during the initial evaluation. Initial abdominal examination revealed a 10 cm deep lacerated transverse wound over the left inguinal region with no exposed bowel. However, after episodes of severe pain and vomiting, protrusion of bowel loops occurred through the wound (Figure 1). The bowel loops were immediately covered with sterile dressing soaked with warm saline. The patient received a tetanus toxoid, intravenous antibiotics, adequate analgesia, and was admitted to the operating room for exploratory laparotomy. Surgical repair was done, and he was discharged well.

FIGURE 1:
Blunt traumatic bowel evisceration over the left inguinal region

DISCUSSION:

Blunt traumatic abdominal wall disruption with bowel evisceration is uncommon[1], with one study reporting an incidence of approximately 1 in 40,000 trauma admissions. It occurs after high energy injuries[2] such as RTA. The external blunt force causes significant increase in intra-abdominal pressure, leading to disruption of abdominal muscles and fascia.[3,4] The presence of shearing forces due to the injury can disrupts the overlying skin, allowing evisceration to happen at anatomically weak point, in this case at the inguinal region.[3,5] Prompt surgical repair is required.[6]

CONCLUSION:

Since blunt traumatic abdominal wall disruption with bowel evisceration is extremely rare, clinicians should make prompt and thorough search for accompanied abdominal injuries. Management of bowel evisceration should be done immediately, with stabilization and moist dressing over the wound before surgical intervention.

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DECLARATION OF CONFLICT FOR ALL AUTHORS:

The authors who participated in this review declared no known conflicts of interest.

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