

**PP 106 COMBATTING  
CHALLENGES IN BARIATRIC  
TRAUMA: A CASE STUDY**

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**BACKGROUND**

Trauma in obese patients are becoming increasingly common. However, specialized management in treating them are not well documented. Distinctive surgical and medical sources are needed to help treat these patients well. We present a case of a bariatric trauma patient with both diagnostic and therapeutic challenges. Using simple improvisations of readily available sources has helped in the management of this case.

**CASE REPORT**

A 27-year-old man with a BMI of 43, presented with a motor vehicle accident (MVA). The first delay of treatment occurred when the EMS had difficulty in the extrication of the patient. Upon arrival to the Emergency Department, the patient's airway and breathing were compromised hence was secured with endotracheal intubation. The next difficulty was getting intravenous access which warranted an intraosseous access using a longer needle. Subsequently, a modified bed sheet was used to immobilize the pelvis as conventional immobilizers were too small. Diagnostically, the eFAST was inconclusive and adjunctive X-rays were forfeited in place of a pan-CT which revealed severe multiple pelvic injuries with various hematomas involving retroperitoneal, pelvic and inguinal region. The management of obese trauma patients clearly differ

from that of non-obese patients. Special considerations are needed to provide successful outcomes and this case has proven that even simple improvisations of readily available sources or practices could help in the management bariatric trauma patients.

**CONCLUSION/DISCUSSION**

The management of obese trauma patients clearly differ from that of non-obese patients. Special considerations are needed to provide successful outcomes and this case has proven that even simple improvisations of readily available sources or practices could help in the management bariatric trauma patients.