

PP162 HIGH INDEX OF SUSPICION IN MANAGING ACUTE TRAUMATIC BLUNT COLONIC INJURY

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INTRODUCTION:

Penetrating injury to the colon is common, but traumatic isolated blunt injury to the colon is rare. It accounts <1% from all trauma patients and 43.9% injury following blunt trauma compared to penetrating injury.¹ Blunt trauma to the colon will present with late presentation due to subtle symptoms. It causes high mortality rate due to faecal spillage causing peritonism, sepsis and multi organ failure. The overall mortality rate is 25.6% of colorectal-specific injury from all trauma patients. Hence we report a case of blunt traumatic colonic injury.

CASE REPORT:

16 years old Malay male was brought to the Emergency Department after being involved in a motor vehicle accident. Upon initial assessment, he had no abdominal pain. His abdomen was soft and not tender. Focused assessment with sonography in trauma (FAST) was normal. After 3 hours of injury, noted patient had profuse sweating and had presyncope. He went into class I hypovolemic shock. Reassessment revealed tenderness of abdomen. Repeated FAST showed minimal free fluid at hepatorenal and splenorenal. Urgent computed tomography (CT) abdomen revealed free fluid but no obvious solid organ injury. Blood transfusion was initiated, unfortunately he went into class IV hypovolemic shock and was sent for emergency exploratory laparotomy. Intra operatively noted serosal tear at ascending colon with length of 10cm and another tear of 5cm and was repaired.

DISCUSSION:

CT scan remains the gold standard in managing traumatic blunt trauma to the abdomen. The diagnosis is often made in the presence of unexplained free peritoneal fluid, free gas or thickened colonic wall. In high index of suspicion cases, laparotomy mostly done within first 24 hours. The complication of abdominal sepsis accounts for about 20% of all traumatic colon injury.

CONCLUSION:

Traumatic isolated blunt injury to the colon is rare, however high index of suspicion with early detection are crucial in diagnosing colonic injury in view of high mortality and morbidity.