

They are in fact a hidden killer that can cause injuries and death to human beings during accidents. Due to, It can cause traumatic brain injury among paediatric population from the high impact of the air bag inflation. This was a atypical case that was managed by in the emergency department was where a traumatic brain injury in a 3 year old child that was caused by an inflated air bag. The details of this case is presented below.

CASE DESCRIPTION:

A 3 year old child was brought in to our emergency department as after being intubated from in a private hospital for traumatic brain injury. A 3 year old child in a car had an alleged MVA (car versus car) from the opposite direction head on collision with another car in a high velocity. Informed that The child was wearing seatbelt on at the passenger seat. After the collision, when the air bag from passenger seat inflated in high impact manner during the collision. but child was still remain seated on the passenger seat .The child's GCS upon arrival to the private hospital was 3/15 and therefore was intubated for airway protection and case was referred to ED HKL for further management. Upon review at In ED HKL, child was intubated, but not sedated, pupil 4mm fixed on right had side and noted hyphema on the left side of the eye, and there was ongoing ENT bleed. Primary survey was cleared and extended fast scan was done and no free fluid was seen. Child was attempted for ct brain however was not stable enough for transportation. due to his unstable vital signs. Noted that The child was experiencing hypotension hypotensive and tachycardic and was started on noradrenaline. Patient was then transferred to Peads ICU. and

currently the child is still at peads ICU HKL.

LESSON LEANT AND CONCLUSION:

Air bag is designed to prevent extensive high impact injury over the face, neck and chest. However these air bags are mostly designed for the adult population where similar amount of pressure that is if applied towards paediatric population might can be harmful. In this case as presented above, the seat belt was applied and child was remained seated at passenger seat. Based on further analysis of the case, traumatic brain injury might have happened due to high impact of the accelerations and decelerations of the airbag. However the bleeding from the ears and nose has not been concluded. There is high possibility for basal skull fracture could have been caused due to the high inflation velocity of the air bag directed to the child's face. Intubation is necessary if child is presented with low GCS which is below 8/15 as airway protection measurement. Early referral to the primary team is crucial for early interventions. There is limited study or literature has been conducted towards the air bag impact on children. Therefore we proudly presenting report this case for further evaluation of all the automobile companies for to ensure child safety.

PP 58

"OUCH, MY TUMMY HURTS AND IT'S NOT CONTRACTION PAIN"

Poulomi Choudhury¹, Baran Palanimuthu¹, Alzamani Idrose¹

¹A & E Hospital Kuala Lumpur, Kuala Lumpur, Malaysia

INTRODUCTION

Acute pancreatitis is an inflammatory condition of pancreas and

can be fatal. Even with great advances in critical care medicine over the past 20 years, the mortality rate due to acute pancreatitis remained at approximately 10%. Diagnosis of pancreatic related problem is often difficult and management is often difficult and is delayed as the pancreas is an organ which is relatively inaccessible especially in pregnant women. It is often difficult to diagnose acute pancreatitis in a pregnant patient even more so in a patient with underlying gastritis presenting with sudden pain at epigastric region sometimes extending to the back. The common cause of acute pancreatitis in pregnancy is often due to alcohol abuse or gall bladder. It is thought with the weight and hormonal changes induced by pregnancy, gallstones are more likely to form and thus travel down the common bile duct to obstruct the pancreas duct outflow.

CASE REPORT

A 31 year old, Malay female G3P0+2 at 26 weeks 5 days presented to the emergency department with the chief complaint of sudden onset of epigastric pain radiating to the back, on and off sharp in nature with a pain score of 8/10. The pain was relieved by leaning forward. This was associated with multiple episodes of vomiting for one day containing water and food particles. Patient had no history of eating outside food or skipping meals. The vital signs upon arrival were noted within normal range. Patient looked lethargic with epigastric tenderness with a pain score of 8/10. Urine dipstick showed albumin: 2+, ketone: 1+, leucocyte:1+. FBC noted WCC: 30.9, Hb: 12.2, Plt:384, Hct: 35, RP and LFT noted within normal range. Initially patient was referred to O&G team and then to Surgical and Gastroenterology

team with a working diagnosis of Acute Gastritis and TRO Acute Pancreatitis. Subsequently serum amylase noted 1608 and ultrasound abdomen showed cholelithiasis with bulky and heterogenous pancreas with no peripancreatic fluid or collection and acute pancreatitis cannot be ruled out due to raised amylase level. Patient was discharged after close monitoring at the medical ward and the serum amylase level has decreased. A follow up with surgery in 6 weeks time was given for reassessment and planned for gall bladder removal post pregnancy.

CONCLUSION

While a rare event, acute pancreatitis does occur in pregnancy. Fortunately, if treated early, generally pre-term labor and mortality can be avoided and the incidence of recurrent attacks minimized. Therefore, it is important to rapidly detect and diagnose for appropriate and early management for optimal results for both mother and baby. Emergency physicians should consider establishing acute pancreatitis as a diagnosis when such cases are seen on set.

PP 59

RESULTS OF IMPLANTATION OF AUTOLOGOUS MONONUCLEAR STEM CELLS IN PATIENTS WITH BUERGER'S DISEASE

N Hati, K Izan M G, Lenny S, Krishna K, Azim I, H Harunarashid
Vascular Unit, Department of Surgery, Faculty of Medicine,
Universiti Kebangsaan Malaysia Medical Centre, Kuala Lumpur, Malaysia

INTRODUCTION

Buerger's Disease is a segmental inflammatory occlusive disorder of unknown aetiology affecting the upper