

ABDULBRAHMAN FAKHRI 994

32 year old male with no significant past medical history presents to ER with history of RTA.

patient complaining of pain in left side of chest & abdomen as he crashed on left side door by another car

patient anxious, dyspneic, pulse rate 115/min. & BP 90/60

on chest examination he has \pm Air entry on lt. side & hyper resonance on percussion in same side.

His abdomen was tender, more on lt. side., \pm bowel sound

1. what is the primary management?

- chest decompression, chest tube BTW ribs to remove the excess air
- 2 large canula & IV fluids ... ABCD

Initial resuscitation, diagnostic evaluation, & management of trauma patient based on protocols from (Advanced Trauma life support) (ATLS).

Further management of splenic injury depends on the haemodynamic stability.

splenic injury is graded (1 through 7) depending on extent & depth.

C.T

• low grade (1, 2 & 3) non operative management

• early use (< 72 hrs post injury) thromboprophylaxis
low molecular weight heparin

2) patient improved, & then his pulse & BP dropped
what is your next step?

2 large cannulae .. Blood group + Cross match + FAST assessment

3) if there splenic injury what is the next step?
treat according to the ATLAS classification

low grade non operative

high " operative

4) most important complication of splenectomy?

post splenectomy gastric dilatation

subphrenic collection

portal vein thrombosis

post splenic sepsis → H. influenzae, pneumococcal
meningococcal

5) what you should do to avoid late complication?

• pneum VAX

• aspirin