Patient TL

Abdominal Pain after Automobile Accident
History of Present Illness

• 18 year old gentleman unrestrained driver involved in a high speed motor vehicle crash. Awake and alert at the scene of the accident complaining of abdominal pain.

• Vitals at the scene
  – BP 120 systolic
  – Pulse 100
  – Respirations 22
Medical History

- Past Medical Problems - None
- Past Surgical History - None
- Medications - None
- Allergies - None
- Social History - Drinking heavily just prior to the accident. He denied drug use, and had no psychiatric history.
Physical Examination

• Vitals
  – BP 110/82 P 110 R 18

• General: Awake and alert in mild distress secondary to pain

• HEENT- Normal

• Neck - Nontender, C-collar in place

• Chest - Nontender, no crepitance or tenderness, bilateral breath sounds

• Abdomen - Bruising over upper abdomen, no bowel sounds, mild tenderness....greatest in the midepigastrium, No peritoneal signs.
Physical Examination

- Back - Nontender without deformity
- Pelvis - Stable to AP compression, nontender
- GU - Normal
- Rectal - Normal sphincter tone, prostate normal, heme -
Physical Examination

• Neuro-Awake and alert, GCS 15, Pupils equal round and reactive to light, extra-ocular muscles intact, normal cranial nerves, normal motor and sensory exam.

• Ext- No deformities, pulses 2 + and symmetric
Laboratory

- Hematocrit - 42
- WBC - 18,000
- Amylase 132
- ABG - pH 7.42 PO2 192 PCO2 34 BE +1
- Urinalysis - Normal
Diagnostics

• X-Rays
• CXR - Normal
• C-spine - Normal
• Pelvis - Normal
Abdominal CT
Abdominal CT
Operating Room
Diagnosis

• Ruptured Duodenum following blunt abdominal trauma
Treatment

- Primary Repair
- Afferent Jejunostomy (tube duodenostomy)
- Feeding Jejunostomy
- Gastrostomy
Hospital Course

- Transferred out of ICU on POD #1
- Enteral feeding begun on POD#1
- Advanced to a regular diet on POD #6
- Discharged home on POD #7
Learning Issues