

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 crepitation 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

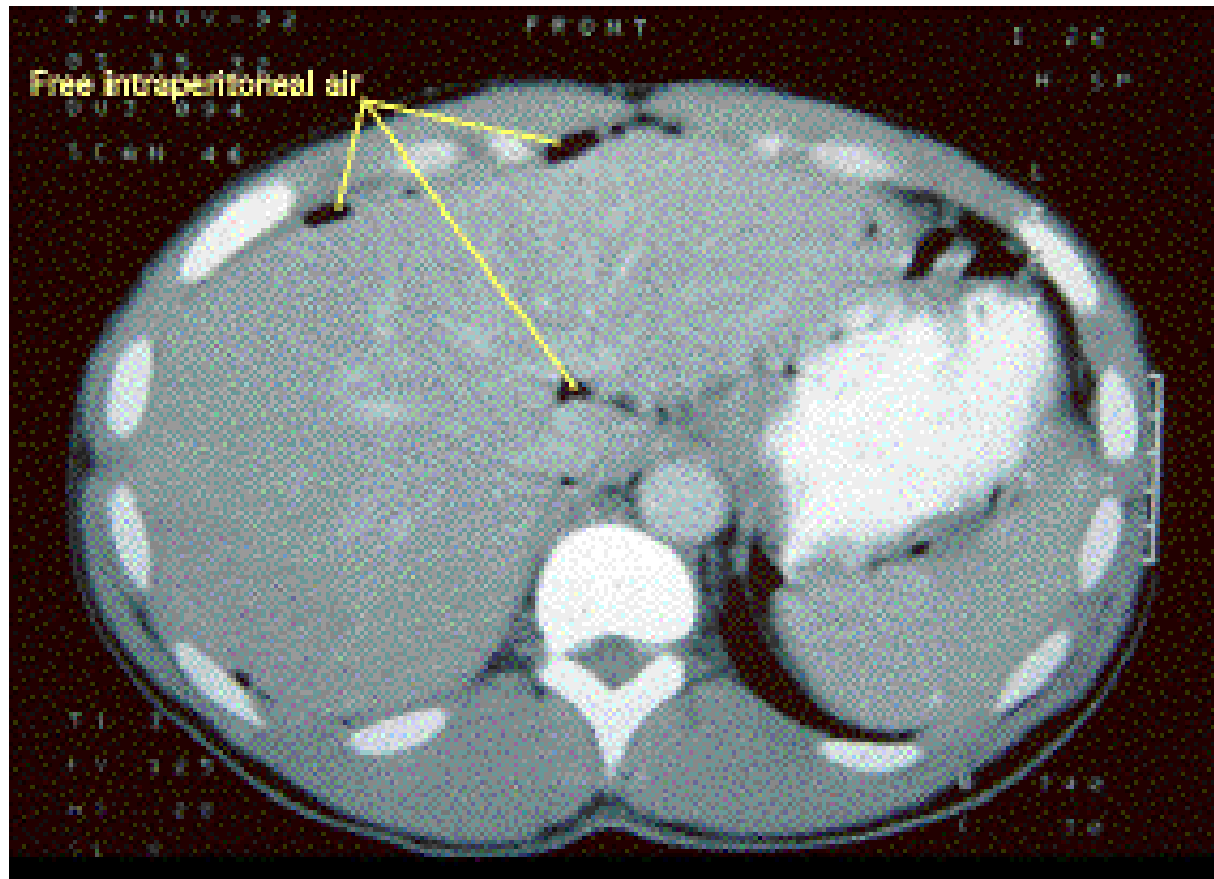
Laboratory

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

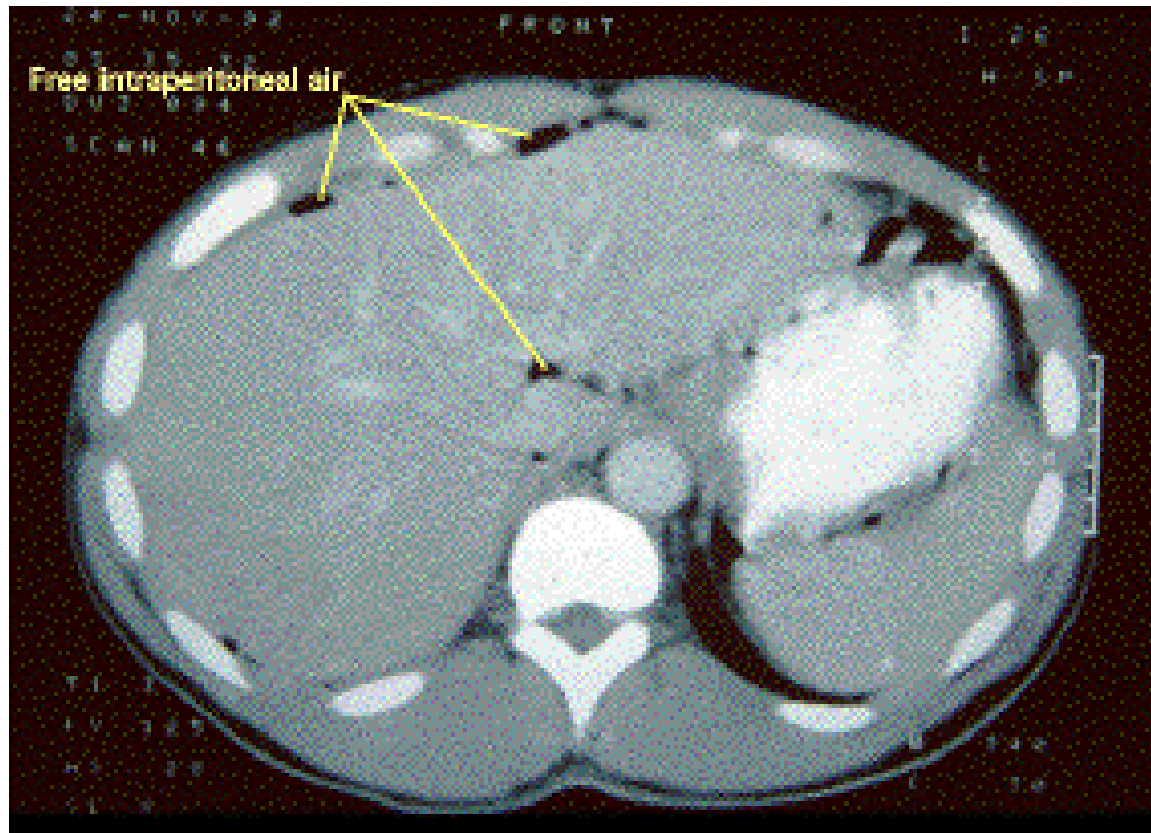
Diagnostics

- X-Rays
- CXR - Normal
- C-spine - Normal
- Pelvis - Normal

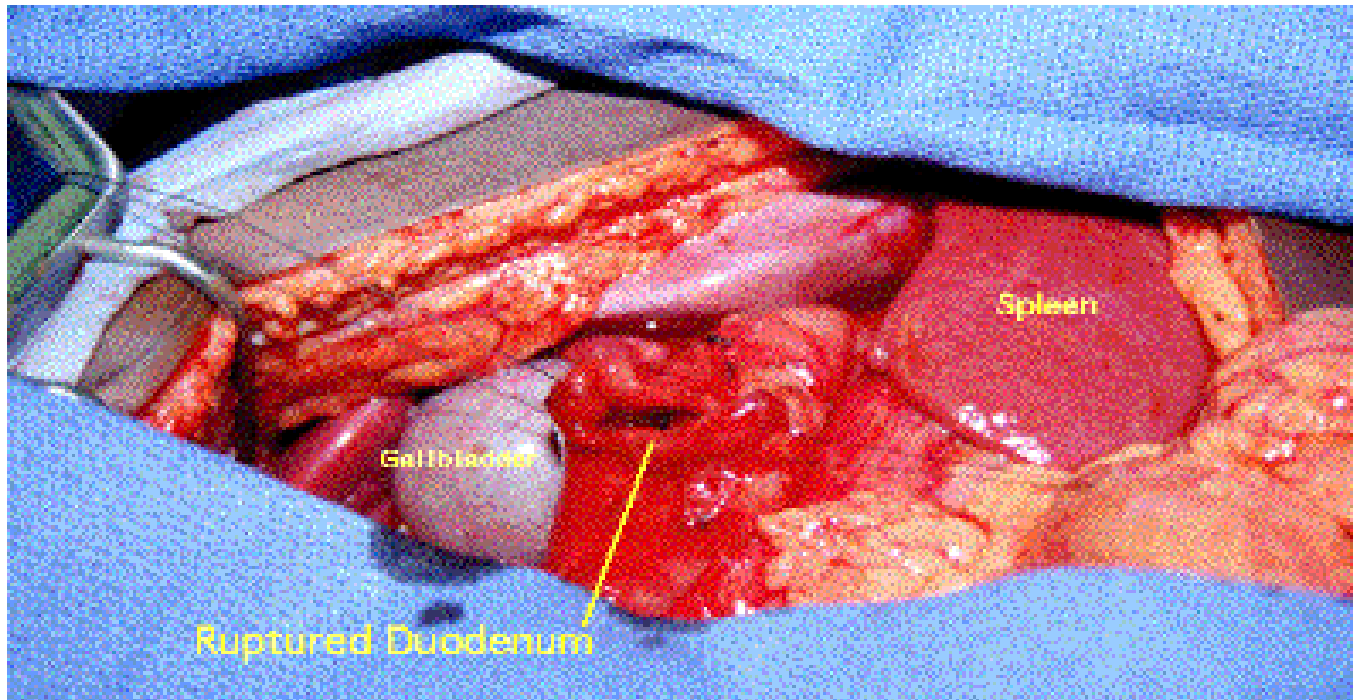
Abdominal CT



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