

Patient AR

Blunt Thoracoabdominal Trauma

History of Present Illness

- 18 year old unrestrained driver of automobile involved in a single vehicle motor vehicle crash after he fell asleep at the wheel. Found approximately 3 feet from automobile, complaining of chest pain and shortness of breath.
- He was hemodynamically stable in transport, but was hypoxemic with an O₂ saturation of 89-92% on supplemental face mask oxygen.

On Arrival

- Decreased breath sounds on the right with subcutaneous emphysema and chest wall tenderness over the right ribs 3 – 8
- His hemoglobin saturation was 90% on 100% face mask oxygen
- A right tube thoracostomy was placed with improvement in his hypoxemia

Medical History

- Past Medical Problems - None
- Past Surgical History - None
- Medications - None
- Allergies - None
- Social History - No alcohol, tobacco or drug use

Physical Examination

- Vital signs
 - Blood Pressure 118/68
 - Pulse 86
 - Resp 24
 - O2Sat - 89% on FM O2
- General: Ill appearing young man, awake and alert
- HEENT- 2 cm posterior scalp laceration
- Neck - Nontender, C-collar in place
- Chest - Tender right lateral chest wall, ↓ breath sounds on right

Physical Examination

- Abdomen - Mild tenderness right upper quadrant with no peritoneal signs, abrasion over left chest and upper abdomen
- Back - Nontender without deformity
- Pelvis - Stable to AP compression, nontender
- GU- Normal

Physical Examination

- Rectal - Normal sphincter tone, prostate normal, No occult blood
- Neuro-Awake and alert, GCS 15, PERRL, EOMI, CN's intact, normal motor and sensory exam
- Ext- Normal distal pulses, no deformities or tenderness

Laboratory

- Hematocrit - 42
- Amylase 54
- ABG - pH 7.38 PO₂ 59 PCO₂ 38 Base Excess -2
- Urinalysis - No blood

Diagnostics: Chest XR



Supine chest xr; subcutaneous air, fractured right ribs 3-7, right upper lobe pulmonary contusion with residual pneumothorax. Right chest tube in Place. Some deviation of the esophagus to the left. The mediastinum does not appear to be widened.

Plan

- Diagnostic peritoneal lavage to evaluate for hemoperitoneum.
- Supplemental Oxygen
- Chest tube to 20 cm suction

Peritoneal Lavage

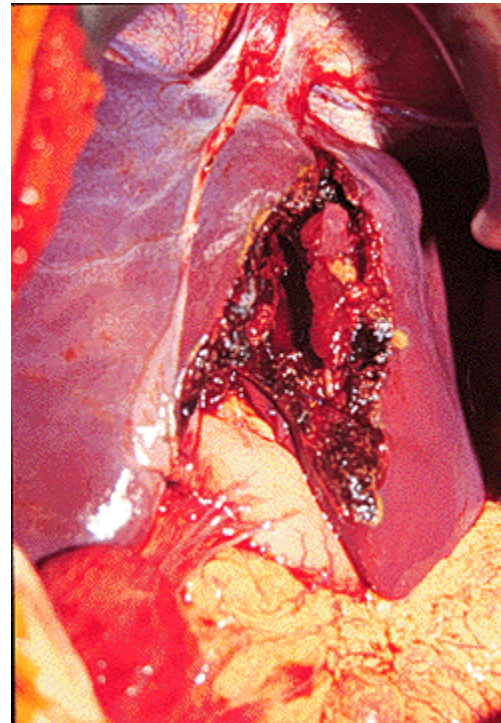
- Diagnostic peritoneal lavage was performed. Upon placement of the catheter, 10 ml of gross blood was easily aspirated from the peritoneal cavity.
- The patient was taken directly to the operating room for exploratory celiotomy.

Operating Room

- Approximately 800 ml of free blood in the abdomen
- Large liver laceration to the left lobe with active bleeding

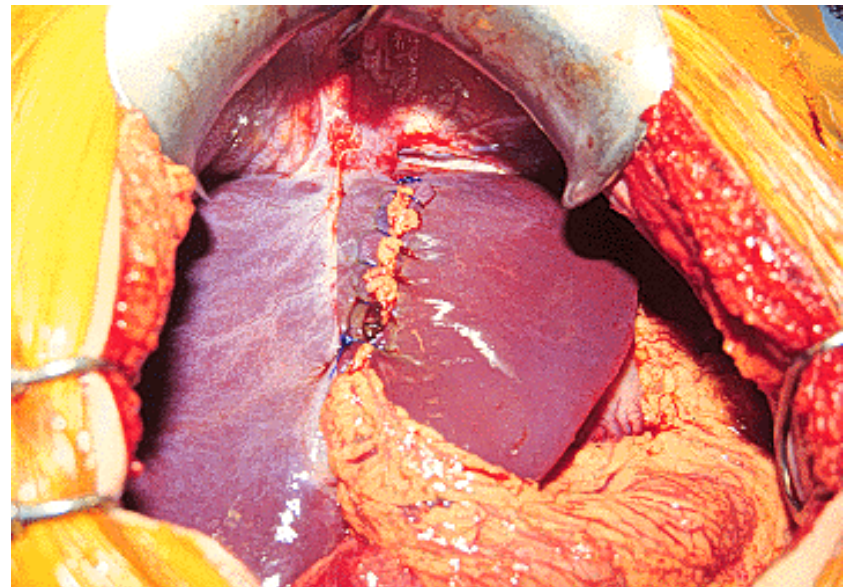
Liver Laceration

- The left hepatic vein was involved in the injury and was torn at the junction of the middle and distal third of the vessel. This was ligated.



Hepatorrhaphy

- An omental pedicle was laid into the laceration.
- The laceration was closed over the pedicle using O prolene suture.



Hospital Course

- Extubated post day #1
- Second chest tube placed due to residual pneumothorax
- Epidural catheter placed for analgesia on postop day 1
- Transferred out of intensive care unit on postop day 2

Hospital Course

- Chest tubes removed on postop days 4/5
- Advanced to a diet postop day 5
- Bile leak from drain continued
- Discharged on postop day 7 with drain in place
- Closed suction drain removed on postop day 12 in clinic

