

## CONCLUSIONS

- Road traffic accidents are the most common cause of blunt abdominal trauma.
- Blunt abdominal trauma commonly affects the male children especially above 5 years.
- In our hospital, the role of ultrasound in the assessment of blunt abdominal trauma continued to grow in the past decade. Also, U/S have become the screening modality of choice in blunt abdominal trauma as it can help to determine the need for surgical intervention within minutes of a patient's arrival. U/S has replaced diagnostic peritoneal lavage and has redefined.
- The role of CT in the immediate evaluation of the trauma patient which may be performed if urgent laparotomy is not required.
- In patients who have minor injuries and are otherwise asymptomatic, can be managed conservatively and safely discharged with no need for CT.
- At the same time, they need a close interaction with the surgical team to reduce the risk of missed injury.
- Physicians must rely on various diagnostic tests to arrive at a diagnosis of blunt abdominal injury. Currently, the methods used in the assessment of blunt abdominal trauma include medical history and physical examination, FAST and CT.

## RECOMMENDATIONS

- It is recommended that all hospitals receiving patients with blunt abdominal trauma should have reliable clinical guidelines to allow emergency physicians to screen all patients for possible abdominal affection for early management.
- As FAST is a good bed side rapid screening test with good sensitivity and specificity, it should be used for detection of IAIs and CT should be preserved when further data are needed as grading for organ injury and in cases where FAST is not helpful.
- Recommended clinical guidelines to avoid unnecessary abdominal CT utilization in the evaluation for intra-abdominal injury following blunt torso trauma.
- Abdominal CT scan is not necessary in the initial evaluation of children with a reliable physical examination and negative
- Non operative treatment should be initially considered for the management of children with BAT. Emergency laparotomy is indicated mainly for the children who exhibit signs necessitating surgical intervention such as ongoing hemodynamic instability, pneumoperitoneum, peritonitis or diaphragmatic rupture.

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## الملخص العربي

تعتبر الحوادث هي السبب الرئيسي للمرض والوفيات في مرحلة الطفولة. البطن هو الموقع الثاني الأكثر شيوعاً للإصابة. الآلية الأكثر شيوعاً لإصابة في البطن هي حوادث السيارات.

ولها الأولوية ويجب التعامل مع أي مريض وفقاً لتوجيهات الإنعاش المتقدم للإصابات واستقرار الحالة العامة للمريض لسرعة ودقة التشخيص واتخاذ القرارات التي تعتمد على نتائج الفحص الاكلينيكي والفحوصات المعملية ونتائج الأشعات التي يحتاجها المريض.

ان الموجات الصوتية علي البطن في اصاباتها الرضية الآن تحل محل التشخيص عن طريق الغسيل البريتوني. لأنه وسيلة تشخيصية سريعة ويمكن أن يتم عمله أثناء عمليق الإنعاش والفحص المبدي.

الأشعة المقطعية هي الطريقة الأمثل لفحص مريض إصابة البطن الرضية إذا كانت الحالة العامة للمريض مستقرة. وقد يكون هناك حاجة لحقن الصبغة سواء عن طريق الحقن الوريدي أو عن طريق الفم أو الحاجة إلي التخدير. ولا يعتمد قرار التدخل الجراحي عليه بشكل كبير في المقام الأول إلي اتخاذ قرارات مثل مدة الاستشفاء، وشدة الرعاية، وطول تقييد النشاط.

وقد أجريت هذه الدراسة المستقبلية على جميع المرضى الذين يعانون من إصابة رضية في البطن الذين تم قبولهم في المستشفى الجامعي الرئيسي بالإسكندرية من خلال غرفة الطوارئ في الفترة من الأول من مايو ٢٠١٣ حتي الثلاثون من أكتوبر ٢٠١٣.

الهدف من هذه الدراسة هو تحديد الجدوى وتقييم دقة الموجات الصوتية والأشعة المقطعية، والكشف عن الإصابات داخل البطن في الأطفال المصابين بإصابات البطن الرضية.

وخلال فترة الدراسة قد شملت ١٥٠ مريضاً تحت سن ١٨ عاماً تعرضوا لإصابات في البطن. ١٠٩ ذكور، ٤١ إناث مع متوسط العمر ٩ سنوات (مجموعة ٣ أيام - ١٧ سنة). وكان ٥٤٪ من الحوادث المرورية على الطرق، وذكرت ٣٩.٣٪ من سقوط ارتفاع. (٤٨.٧٪ من الأطفال لم يعانون من نزيف داخل البطن، وحالة واحدة فقط عانت من نزيف داخلي بسيط جداً).

وقد ساعد الفحص بالموجات الصوتية في اتخاذ قرار معالجة المريض حيث تم معالجة ٥٠ مريضاً عانوا من نزيف داخلي بعلاجاً تحفظياً رغم وجود إصابات بالأحشاء الداخلية لهم وخروج ٦٩ مريضاً إلي المنزل بعد الفحص الأولي و ٥٠ حالة تمت معالجاتها جراحياً وتوفيت ٦ حالات لإصابة شديدة بالمخ. وقد كان فاصل الثقة حوالي ٩٥٪

خضع ٣٨ طفلاً للأشعة المقطعية حيث كان الطحال العضو الأكثر إصابة يليه الكبد. ومن خلال مقارنة الموجات الصوتية بالأشعة المقطعية من حيث الوقت حيث كان متوسط الوقت للموجات الصوتية ١١.٢٩ دقيقة مقابل ٥٤.٧٢ دقيقة للأشعة المقطعية. وقد أظهرت الموجات الصوتية حساسية بلغت ٩٥.٢٪ وخصوصية ٩٥.١٢٪ والقيمة التنبؤية الايجابية ١٠٠٪ والقيمة التنبؤية السلبية ١٠٠٪.

وترجع نتائجنا الموجات الصوتية كوسيلة تشخيصية سريعة حساسة آمن ومتنقلة لفرز الأطفال الذين يعانون من إصابات رضية في البطن واللجوء إلي الأشعة المقطعية كقياس متقدم في حالات مختارة لتقييم متقدم لدرجة الإصابة حيث أنه جهاز مكلف ويستهلك الوقت ويتطلب الكثير من التسهيلات التي قد لا تتوفر بقسم الطوارئ المزدحم.

دور الموجات فوق الصوتية والاشعة المقطعية فى مجال الاصابات الرضية للبطن فى الاطفال  
بقسم الطوارئ

رسالة علمية

مقدمة إلى كلية الطب- جامعة الإسكندرية  
إستيفاء للدراسات المقررة للحصول على درجة

الماجستير

فى

طب الطوارئ

مقدمة من

سعاد السيد مصطفى محمود حسين

بكالوريوس الطب والجراحة - جامعة الإسكندرية، ٢٠٠٨

٢٠١٥

دور الموجات فوق الصوتية والاشعة المقطعية فى مجال الاصابات الرضية للبطن فى الاطفال  
بقسم الطوارئ

مقدمة من

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بكالوريوس الطب والجراحة - جامعة الإسكندرية، ٢٠٠٨

للحصول على درجة

الماجستير

فى

طب الطوارئ

موافقون

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لجنة المناقشة والحكم على الرسالة

أ.د. / عادل محمد رزق  
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