

RECOMMENDATIONS

- Basic principle of preventive medicine and public health is that removal of an environmental source of injury or disease, so we suggest more restrictions of firearms availability and more effort in the criminal justice system with its threat of punishment as a deterrent to acts of violence.
- Our emergency rooms should be more active and more advanced, better supplied , equipped and staffed. This will help in decreasing the severity of injury and decrease morbidity & mortality.
- Addressing the root causes of violence such as poverty, unemployment, and substance abuse will reduce the incidence of gunshot injuries in our environment
- Establishment of efficient emergency health care services for pre-hospital care and effective ambulance system for rapid transport of injured victims to hospital will reduce morbidity and mortality associated with these injuries
- The blood bank should always be supplied with sufficient amounts of blood to be ready to accept and manage the critical cases.
- The main difference between the surgical team work and the forensic medicine duty is that the later is interested in finding the truth of the environment of the crime, the type of the weapon, the distance of shooting.....etc., while the first in saving life, nevertheless, both will work to support the society and save the people. The forensic medicine advice in such cases will be as the surgeon should follow his patient who dies.

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المخلص

إن الإصابات النارية نوعا خاص من الإصابات التي تزداد في جميع أنحاء العالم، وتسهم بشكل كبير في ارتفاع معدلات الأعتلال والوفاة. إصابات الطلق الناري تفرض عبئا مستمرا على موارد المجتمع والمستشفيات في جميع أنحاء العالم. القذائف التي تنطلق بسرعة تتجاوز ٢٥٠٠ قدم في الثانية تعتبر قذائف عالية السرعة. ولذلك هذه الدراسة هي دراسة استعادية لوصف وتحليل نمط الأعتلال والوفاة بين ضحايا الإصابات النارية، وإدارة الحالات والتقييم الطبي بقسم طوارئ الجراحة بالمستشفى الرئيسي الجامعي بالاسكندرية خلال فترة ستة أشهر ابتداء من ٢٥ يناير إلى ٢٥ يوليو ٢٠١١. خلال هذه الفترة تم دراسة ٥٠٧ ضحية الذين يشكلون حالات الدراسة.

تم استخراج البيانات، بما في ذلك البيانات الشخصية للمرضى، استقرار الدورة الدموية، الفحص الطبي، موقع الإصابة، الفحوصات، إدارة الحالات، والنتيجة. تم إدخال البيانات وتحليلها من خلال مايكروسوفت إكسل.

كانت مجموعة من ٥٠٧ حالة مصابين بطلق نارى، ٤٩١ من الذكور و ١٦ من الإناث وكانت الفئة العمرية الأكثر شيوعا هي العقد الثالث من العمر. وكانت ٩٠٪ من المرضى مستقرين من حيث الدورة الدموية. وكانت الأطراف هي المكان الأكثر شيوعا (٤٣٪) الذى تأثر بالإصابة وكان الفخذ أكثر مكان شوه فيه علامات إيجابية في الأشعة السينية. ٤٢٥ (٨٤٪) مريض أخرجوا بأعتلال، ١٣٪ أخرجوا معالجين وكان معدل الوفاة ٣٪.

ضحايا الطلق الناري أخرجوا بأعتلال سواء كان أعتلالا كبيرا مع فقدان وظيفة العضو أو أعتلال بسيط معا لأحتفاظ بوظيفة العضو. ولذلك، هناك حاجة للحد من الإصابات النارية وهو أمر غير ممكن من دون معالجة الأسباب الجذرية وجلب مثل هذه التغييرات التي قد تقلل الوفيات والإعاقات والتكلفة على المجتمع.

أنماط الاعتلال والوفاة بين ضحايا القذائف النارية المستقبلين بقسم طوارئ
الجراحة أثناء ثورة ٢٥ يناير المصرية

رسالة علمية

مقدمة لكلية الطب - جامعة الإسكندرية
إيفاءً جزئياً لشروط الحصول على درجة

الماجستير في طب الطوارئ

مقدمة من

منى على حسين خطاب

بكالوريوس الطب والجراحة - الإسكندرية

كلية الطب
جامعة الإسكندرية
٢٠١٥

أنماط الاعتلال والوفاة بين ضحايا القذائف النارية المستقبلين بقسم طوارئ الجراحة أثناء ثورة ٢٥ يناير المصرية

مقدمة من

منى على حسين خطاب

بكالوريوس الطب والجراحة- الإسكندرية

للحصول على درجة

الماجستير فى طب الطوارئ

موافقون

لجنة المناقشة والحكم على الرسالة

.....

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كلية الطب
جامعة الإسكندرية

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أ.د/ محمد عبدالقادر أبوالسعود
أستاذ جراحة الرأس والعنق و الغدد الصماء
كلية الطب
جامعة الإسكندرية

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أستاذ الجراحة العامة و الكبد
معهد الكبد القومى
جامعة المنوفية

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أستاذ مساعد الجراحة

كلية الطب

جامعة الإسكندرية

وذلك لخبرته فى مجال الجراحة

.....

أ.م.د/ هايدى مصطفى مجاهد

أستاذ مساعد الطب الشرعى و السموم

كلية الطب

جامعة الإسكندرية

وذلك لخبرتها فى الطب الشرعى