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المخلص العربي

الإصابات هي ثالث الأسباب الرئيسية للوفاة عامة. وتشكل إصابات البطن الرضية ما بين ٢٥ - ٣٠ % من المرضى متعددي الإصابات و تمثل من أكثر انواع اصابات البطن.

علي مدار العقدين السابقين هناك تحول كبير في التعامل مع اصابات البطن الرضية المتضمن في اصابات اعضاء البطن الشديدة من التدخل الجراحي الي العلاج التحفظي غير الجراحي.

وأصبح اختيار العلاج غير الجراحي التحفظي يحظى بفاعلية وأمان لمرضي اصابات البطن الرضية ذوي العلامات الحيوية المستقرة.

ومع تزايد تطبيق العلاج غير الجراحي التحفظي أصبح من السهل استخدام الاجهزة الدقيقة المعقدة في التشخيص. ومن اهم تلك الوسائل التشخيصية جهاز الاشعة التليفزيونيه وجهاز الاشعة المقطعية.

يتم اتخاذ قرار العلاج التحفظي عن طريق متابعة العلامات الحيوية واعادة فحص المريض الدوري بجانب عمل التحاليل بانتظام.

هذا البحث يتضمن دراسة مستقبلية ل ٤٣٠ مصاب لديهم اصابات البطن الرضية تم حجزهم بقسم الطوارئ بالمستشفى الرئيسي الجامعي بجامعة الاسكندرية علي مدار ٦ اشهر من اول شهر اغسطس ٢٠١٢ الي الاول من من فبراير ٢٠١٤.

وكان الهدف من الدراسة الحالية هو معرفه التنبؤات الإكلينيكية لنجاح العلاج الغير جراحي لمرضي إصابات البطن الرضية.

وكان عدد المصابين الذكور ذوي اصابات البطن الرضية ٣٣٢ مريض ٧٢.٢% مقارنة ب ٩٨ مريضا من الاناث ٢٢.٨% وكان متوسط اعمار المصابين ٢٧ سنة وكانت أكثر المراحل العمرية شيوعا هي من ٢٠ إلى ٣٠ سنة. وكانت حوادث المرور على الطرق هي آلية الإصابة الأكثر شيوعا في دراستنا وذلك في ٢٨٦ مريض يمثلون ٦٦.٥%.

ومثلت إصابات البطن المنعزلة حوالي ٢٤% بينما مثلت إصابات البطن المصحوبة بإصابات أخرى حوالي ٧٦%، وكانت الكسور أكثر الإصابات المصاحبة شيوعا.

وفيما يتعلق بالحالة الديناميكية الدموية، فغالبية المرضى (٢٥٢ مريضا ٨٠.٨%) الذين تم نجاح العلاج التحفظي لديهم كان ضغط الدم الانقباضى عند حجزهم بالمستشفى أكثر من او يساوي ٩٠ (ملم زئبقى) والتي اعتبرت حالتهم مستقرة، بينما كان أقل من ٩٠ (ملم زئبقى) في ٦٠ حالة أخرى بنسبة ١٩%. في حين أن غالبية الذين خضعوا للتدخل الجراحي (٨٩.٧%) كان لديهم ضغط الدم الانقباضى أقل من ٩٠ (ملم زئبقى).

وكانت غالبية الوفيات حالاتهم غير مستقرة ٤٢ مريضا ٨٤.٥% كان لديهم ضغط الدم الانقباضى عند حجزهم بالمستشفى أقل من ٩٠ (ملم زئبقى) وكان نبض القلب لدي ٤٨ حالة من الوفيات أكثر من ١٠٠ بالدقيقة.

وخضع جميع المرضى بالبحث لعمل موجات تليفزيونية وأشعة مقطعية على البطن في ايجاد التجمعات الدموية بالبطن المصاحبة لإصابات أعضاء البطن المختلفة.

وكانت اصابات البطن الرضية لدى ٢٧٢ مريض ٦٣.٣% مصاحبة بإصابة عضو واحد بينما ١٥٨ مريض ٣٦.٣% لديهم اصابة أعضاء متعددة بالبطن. ويمثل الطحال أكثر أعضاء البطن اصابة ١٧.٢% ويأتي الكبد بالدرجة الثانية ٦.٠%.

وكانت نسبة مكداس الدم اكثر من ٣٠% (٢١٢ حالة، ٦٧.٩%) في معظم حالات العلاج التحفظي بينما كانت اقل من ٣٠% في الحالات التي أجري لها تدخل جراحي (٦٢ حالة ٩١.٢%).

وأظهرت النتائج عدم وجود دم مرئي بالبول في معظم حالات العلاج التحفظي بنسبة ٩٨.٤%. كما تبين عدم وجود امراض تجلط بالدم لديهم بنسبة ٩٦.١%.

في دراستنا لم يتم نقل اكثر من اثنين من أكياس كرات الدم الحمراء في حالات العلاج التحفظي (٢٤٦ حالة ٨٤.٦ %)، وتم إعطاء أكثر من اثنين من اكياس الدم الحمراء للحالات التي اجري لها تدخل جراحي بنسبة ١٠٠%.

وفيما يتعلق بفترة الإقامة بالمستشفى فكانت المدة اقل من او ما يعادل خمسة ايام في غالبية حالات العلاج التحفظي (٢٧٧ حالة، ٨٨.٧%) و تراوحت المدة ما بين ٦ الي ١٥ يوم لدي ٣٥ مريض ١١.٢%.

وفي دراستنا وجد ان مكان اقامة أغلب الحالات كانت في غير طوارئ الجراحة (٢٩٣ حالة، ٩٦.١%) بينما تم حجز ١٢ حالة بالعناية المركزة (٣.٩%).

وفقا لتجربتنا فان الحالات ذات الديناميكية الدموية المستقرة او التي استجابت واستقرت بعد التعامل معها يمكن ان يتم حجزها في مكان آخر غير العناية المركزة مع توفر المتابعة الدقيقة والمستمرة للعلامات الحيوية.

وكانت نتائج دراستنا هي ٣١٢ مصاب ٧٢.٦% تم نجاح العلاج التحفظي لديهم، و اثنين من المصابين فشل العلاج التحفظي وتم اجراء تدخل جراحي لهم، و ٦٨ مصاب ١٥.٨% تم إجراء تدخل جراحي لهم فور حجزهم بالمستشفى وتوفي ٤٨ مصاب ١١.٢%.

وأخيرا كانت النتائج التي توقع نجاح العلاج الغير الجراحي في دراستنا هي (ضغط الدم الانقباضي عند حجزهم بالمستشفى أكثر من او يساوي ٩٠ (ملم زئبقى)، نسبة مكدها الدم اكثر من ٣٠%، و عدم وجود دم مرئي بالبول ، غياب أمراض تجلط الدم ونقل اقل من اثنين من كرات الدم الحمراء معبأة). وتساعد هذه النتائج في معرفة وتوقع الجراحين للمصابين المرشحين لنجاح العلاج الغير جراحي.



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قسم طب الطوارئ

عوامل التنبؤ الإكلينيكية لنجاح العلاج غير الجراحي للبالغين ذوى إصابات البطن الرضية

رسالة مقدمة

لقسم طب الطوارئ - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

طب الطوارئ

من

على محمد محمود عبد المجيد
بكالوريوس الطب والجراحة، ٢٠٠٨
كلية الطب، جامعة الإسكندرية

[٢٠١٥ / ٢]



جامعة الإسكندرية
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عوامل التنبؤ الإكلينيكية لنجاح العلاج غير الجراحي للبالغين ذوي إصابات البطن الرضية

رسالة مقدمة من

على محمد محمود عبد المجيد

للحصول على درجة

الماجستير

فى

طب الطوارئ

التوقيع

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