

2020-10-24 80

Surgery
Case Scenarios

Emergency + Splen

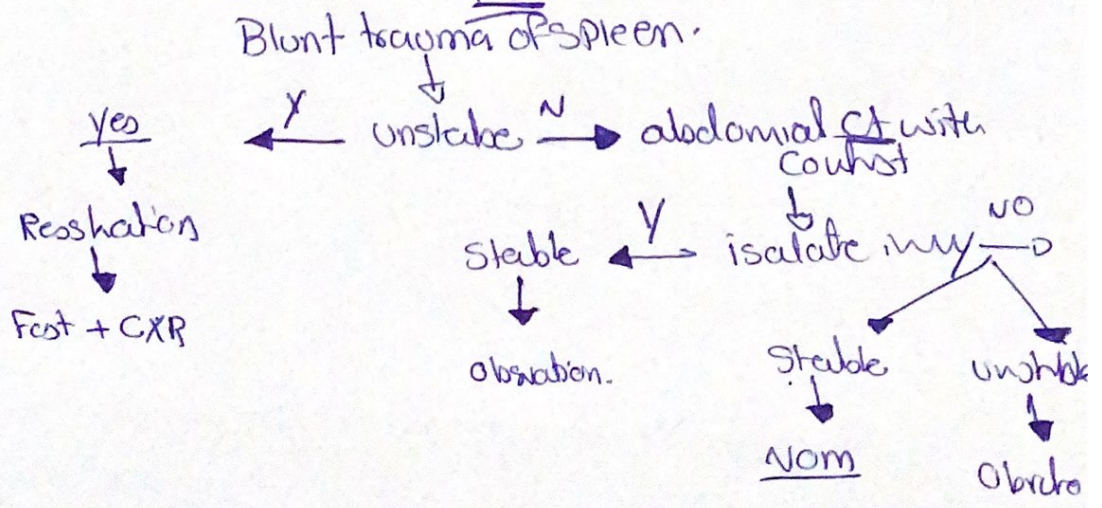
man
 • 32 Yr. Female. no. PMH. Present with RTA ... Complaining of Pain on his left side of chest and abdomen. as he crossed the left side of the door.. by another car...
 - Anxious + dyspnea + PR 115/min BP 90/60 mmHg.
 • On Examination go
 - his chest is — (1) ↓ air entry on the left side. + hyper resonance on Percussion, at the same side—
 - abdomen was — (1) tender on the left + (+) bowel sound.

Q1.. what is the Primary management you should do?

- (1) Treat the tension pneumothorax → by decompression needle or by chest tube.
- (2) 2 large bore cannula → and give IV fluid... ABCD Assessment

Q2... 2, large bore cannula --- take blood group + cross match + Fast assessment .. give IV fluid and monitor the patient -
 ↳ do ct. with contrast investigating the cause + CBC.

Q3... if there is a splenic injury ... what is the next step...
 .. treat the pt according to the ATLAS classification.



Q4. What is the most important complication in Splenectomy.

① DVT + Portal vein thrombosis → because of ↑ Platelet Count
We should give aspirin. (above 1000 x 10⁹ L.
up to 7 days..)

② Bleeding.

③ Post-Splenectomy Fever.

④ Post-Splenic Sepsis → H. influenzae - meningococci - pneumococci - streptococci.

Q5. What should you do to avert late complications?

① Aspirin → to avert thrombocytosis

② Prophylactic vaccination.

- Group A1

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- Surgery.