

Signs, Symptoms and Treatment for Abdominal Trauma or Abdominal Injury

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Description

An abdominal injury is known as an abdominal trauma. Abdominal pain, tenderness, rigidity and external abdominal bruising are all signs and symptoms. Infection and blood loss are potential complications. Ultrasonography, computed tomography and peritoneal lavage may be used to diagnose the condition, and surgery may be used to treat it. There are two kinds: Blunt and penetrating, both of which can cause harm to the organs in the abdomen. Splenic or liver injuries may result from a lower chest injury.

First Signs and Symptoms of Abdominal Trauma

Signs and symptoms in the beginning, there are no symptoms, but after a few days, the first signs and symptoms appear. A seat belt sign is abdominal bruising at the location of the lap portion of the safety belt for those who have been injured in a car accident; a high rate of abdominal organ injury is linked to this sign. Abrasions and hematomas can also result from seatbelts; internal injuries are associated with such symptoms in as many as 30% of people. The injury may present with abdominal pain, tenderness, distension, or rigidity to the touch and bowel sounds may be diminished or absent. Early signs of abdominal trauma include nausea, vomiting and blood in the urine. In order to protect inflamed abdominal organs, abdominal guarding involves tensing the muscles of the abdominal wall. Pneumoperitoneum, or air or gas in the abdominal cavity, may indicate that a hollow organ has ruptured. An evisceration, or protrusion of internal organs from a wound, may occur in penetrating injuries. Rib fractures, vertebral fractures, pelvic fractures and injuries to the abdominal wall are among the injuries caused by intra-abdominal trauma. Accidents involving motor vehicles are a frequent cause of blunt abdominal trauma. Seat belts reduce the risk of head and chest injuries, but they pose a threat to abdominal organs like the pancreas and intestines because they could be displaced or compressed against the spinal column. Because children have softer abdominal regions and seat belts were not designed to fit them, they are particularly susceptible to abdominal injuries caused by seat belts. Bicycle accidents also frequently result in abdominal injuries in children, particularly when the abdomen is struck by the handlebars. Organs in the abdomen like the kidneys and

spleen can be affected by sports injuries. Children's abdominal injuries are also frequently caused by falls and sports. Abdominal injury is the second leading cause of child abuse-related death, after traumatic brain injury and it can be caused by abuse. Typically, gunshot wounds are more damaging than stab wounds because of their higher energy. Discharge wounds that enter the peritoneum bring about huge harm to major intra-stomach structures in approximately 90% of cases. Pathophysiology because abdominal organs, particularly those in the retroperitoneal space, can bleed profusely and the space can hold a lot of blood, abdominal trauma can be life-threatening. When cut or torn, solid abdominal organs like the liver and kidneys, as well as major blood vessels like the aorta and vena cava, bleed profusely. Even though excessive bleeding from hollow organs like the stomach is less likely to cause shock, there is still a significant risk of infection if the injury is not treated promptly. The contents of gastrointestinal organs like the bowel can spill into the abdominal cavity. The majority of deaths resulting from abdominal trauma are caused by systemic infection and hemorrhage. Trauma to the abdomen can cause damage to one or more of the organs inside the abdomen. The injured organ or organs partially determine the injury's characteristics. Liver Due to its size and position (in the upper right quadrant of the abdomen), the liver is the most susceptible abdominal organ to all types of injury. About 5% of all trauma patients are admitted to a hospital. Because the liver tissue is delicate and has a large blood supply and capacity, injuries to it pose a serious shock risk. A hematoma may form after the liver is lacerated or constricted. It might leak bile, which usually doesn't cause much harm. If the liver is severely damaged, it may cause exsanguination, or death by bleeding, which necessitates immediate surgery to stop the bleeding.

Complication of Blunt Abdominal Trauma

Spleen In cases of blunt abdominal trauma to a solid organ, the spleen is the most common source of massive bleeding. The most frequently injured organ is the spleen. Hematoma may be associated with a spleen laceration. A ruptured spleen can be life-threatening and cause shock because the spleen can bleed profusely. However, in contrast to the liver, trauma to the spleen, pancreas or kidneys does not pose as much of an immediate shock risk unless it lacerates a significant blood vessel that supplies the organs, such as the renal artery. Cracks

of the left lower ribs are related with spleen cuts in 20% of cases. Pancreas A laceration or contusion, for instance, can cause damage to the pancreas during abdominal trauma. Injuries to the pancreas are most frequently brought on by bicycle accidents particularly when the handlebars are struck in children and automobile accidents in adults. Injuries to the pancreas typically occur by themselves in children and in conjunction with other injuries in adults. Enlargement and the presence of fluid around the pancreas are signs that the pancreas has been damaged. Kidneys injuries to the kidneys may also occur; the ribs provide some, but not complete protection for them. Concussions and cuts to the kidneys are also possible. Bloody urine may indicate kidney injury, a common complication of blunt abdominal trauma in children. Urinary leakage into the

abdomen or urinoma may be linked to kidney lacerations. Multiple wounds and the subsequent fragmentation of the kidney tissue constitute a shattered kidney. Bowel Penetrating injuries are more likely to cause damage to the small intestine, which occupies a significant portion of the abdomen. There may be holes in the bowel. On a CT scan, gas in the abdominal cavity is known to be a sign of bowel perforation; anyway intrastomach air can likewise be brought about by pneumothorax (air in the pleural depression outside the lungs that has gotten away from the respiratory framework) or pneumo mediastinum (air in the mediastinum, the focal point of the chest hole). On CT, the injury might not be visible. Complications of bowel injury include infection, abscess, bowel obstruction, and the development of a fistula. Surgery is required for a bowel perforation.