Paediatric abdominal injury

General features:

- It was blunt trauma, more than likely
- The children are more susceptible because:
  - They have thin abdominal walls
  - The liver and spleen lie lower and more anteriorly
  - Elastic ribs offer little protection
  - The bladder is abdominal, not pelvic, and therefore more vulnerable when full

Deceleration injury and blunt impact injury

- Solid organs suffer most
- Duodenum may rupture at the duodenojejunal flexure, or it may have a huge hematoma
- Pancreas is at greatest risk from bicycle handlebars
- Straddle injury with perineal hematoma suggest urethral injury

Bits of examination which aid in assesment

- Urethral meatus: is there blood?
- Gastric drainage and decompression: is there blood?
- IDC: only after urethral damage has been ruled out
- Retrograde urethrogram?

Non-operative management

- Not everyone needs a laparotomy
- Maybe you can just sit on the peritoneal hemorrhage, and the solid organs will sort themselves out
- For this to work, you cant be coagulopathic, and there need to be frequent re-examinations

Who needs a laparotomy:

- Penetrating abdominal injury
- Definite signs of bowel perforation
- More than 40ml/kg replaced, and still in shock

A renal pedicle injury probably cant be rescued: warm ischaemia time is only 45-60 min