

A CASE OF IMPALEMENT INJURY TO GLUTEAL REGION WHICH LEADS TO BOWEL HERNIATION THROUGH THE DEFECT

Dr. Kothuru Purneswara Rao

Junior Resident, Department of General Surgery, Konaseema Institute of Medical Sciences and Research Foundation, Amalapuram – 533201

Dr. Ratakonda Sri Vidya

Junior Resident, Department of General Surgery, Konaseema Institute of Medical Sciences and Research Foundation, Amalapuram – 533201

ABSTRACT

Impalement injury is a specific type of trauma defined as a penetrating wound caused by an object with a blunt tip and is mostly related to falls that is usually associated with crush injury, wound contamination, and injury to the deep organs. It is likely to result in bleeding, organ dysfunction, and infection. So its treatment has some difficulties for surgeons. This is a case of impalement injury to gluteal region. Patient presented with clinical features of acute abdomen and a defect in gluteal region through which bowel is herniated and it is gangrenous. Patient underwent exploratory laparotomy, gangrenous bowel is identified as distal ileum. gangrenous ileum is resected and ileo-ileal, end to end anastomosis was done with closure of defect in posterior layer of parietal peritoneum and gluteal region. But in this case they have removed the foreign body which lead to bowel herniation and gangrene of that segment. So, he was managed with exploratory laparotomy with resection and anastomosis. Prognosis of patient was good.

KEYWORDS : Impalement Injury, Gluteal Defect, Bowel Herniation, Bowel Gangrene.

INTRODUCTION:

Impalement injury is a specific type of trauma defined as a penetrating wound caused by an object with a blunt tip and is mostly related to falls that is usually associated with crush injury, wound contamination, and injury to the deep organs. It is likely to result in bleeding, organ dysfunction, and infection. So its treatment has some difficulties for surgeons.

Case Report

This is a single case study of a patient who was admitted in Kims amalapuram, with impalement injury to right gluteal region associated with bowel herniation which is gangrenous.

Case:

A 24year male came to casualty with history of fall from a tree onto a rod and rod was removed by relatives at the site of fall On examination patient was stable, no signs of head injury, per abdomen was soft, diffuse tenderness present, guarding present, bowel sounds absent External injuries, an laceration of 10*7*6 cm over right gluteal region.

A soft tubular structure is palpable through the defect and it is black in color. On e-fast free fluid present in morissons pouch CECT –hemoperitoneum, pelvic bone fractures.

Operative Procedure:

Patient underwent exploratory laparotomy, gangrenous bowel is identified as distal ileum. gangrenous ileum is resected and ileo-ileal, end to end anastomosis was done with closure of defect in posterior layer of parietal peritoneum and gluteal region

Operative findings:

- Hemoperitoneum noted.
- A defect in posterior layer of peritoneum noted, a 20 cm distal ileum is gangrenous.

DISCUSSION

It is important not to remove the foreign body before the patient is admitted to hospital, because the foreign body might be controlling bleeding from injured vessels. But in this case they have removed the foreign body which lead to bowel herniation and gangrene of that segment.

CONCLUSION

Impalement injuries treatment has some difficulties for surgeons due to multi organ injuries. In this case patient was

responding well and post-operative period was uneventful after 4 weeks pelvic bone fixation done.



Fig: 1 shows defect in posterior layer of parietal peritoneum.



Fig:2 shows gangrenous distal ileum.

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