ORIGINAL RESEARCH PAPER

General Surgery

A RARE CASE OF THORACO-ABDOMINAL ARROW PENETRATION INJURY

KEY WORDS:
Thoco-abdominal trauma
Penetrating injury

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INTRODUCTION

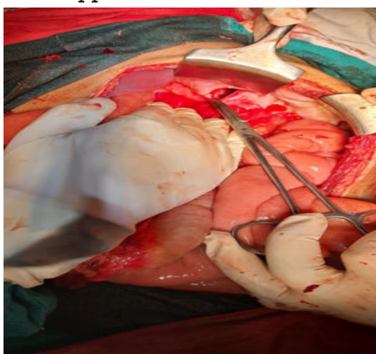
Arrow penetration injuries are rare but when it occurs it can lead to multiple organ injury some of which are fatal immediately or later on. This case presentation is an attempt to document the clinical profile of a patient that sustained arrow penetrating trauma

Case History

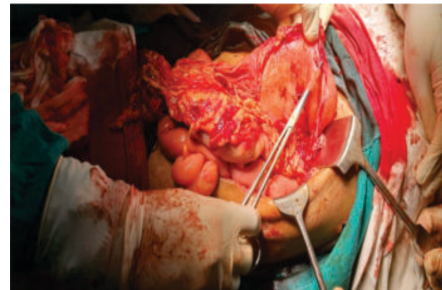
- A 20-Year-old male from Gujarat presented to the emergency with alleged history of arrow penetration over lateral aspect of the left lower chest
- Primary complaints were mild difficulty in breathing and abdominal pain (generalised non radiating)
- On examination:Approximately 3 cm sutured wound over the lateral aspect of left lower thorax
- Decreased breath movements in the left lower thorax with tachypnoea and decreased breath sounds over left lower thorax on auscultation
- BP:110/76 mmHg Pulse-98/m spo2-96% on room air
- Per abdominal examination suggestive of mild generalised tenderness with increased tenderness in left hypochondrium
- Investigations:Blood tests showed mild elevation of total counts
- X-ray chest suggestive of left sided CP angle blunting
- Ultra sonography (USG) Suggestive of mild left sided hemothorax with spleenic injry
- CECT suggestive of spleenic infarct with laceration aast grade-2

Management

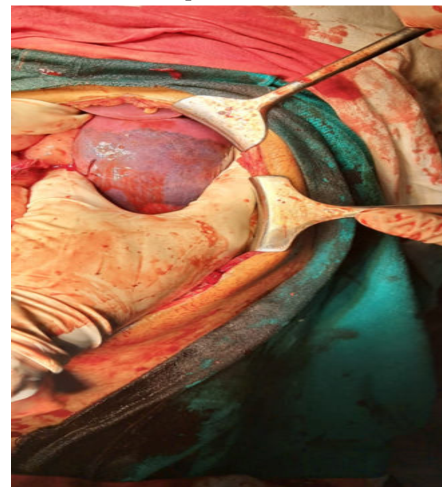
- Resuscitation: Airway was adequate, Breathing difficulty that was due to traumatic hemothorax was managed by left sided ICD insertion (stat output was 100cc serohemorrhagic
- IV line secured and fluid resuscitation started
- IV ANTIBIOTIC Pain medication and TETANUS given
- Decision was taken for emergency exploration of abdomen.
- Intraoperative findings: Left diaphragmatic injury with with defect of approx 3 cm size.



- An entry and exit wounds over the posterior wall of the stomach with leakage of gastric contents.



A spleenic laceration over its diaphragmatic surface with more than 50% infarcted spleen.



- Diaphragmatic injury was managed by primary repair of the diaphragm with 3.0 suture.
- Stomach perforations were managed by primary repair with silk 2.0 with simple interrupted manner in single layer.
- For spleenic injury emergency spleenectomy was done.
- 32 no drains were placed in morrison pouch and pelvis anf fixed to the skin with silk 2.0 after adequate exploration, hemostasis and thorough peritoneal lavage.
- Patient was administered with pneumococcal, meningococcal and H-influenza vaccination post operatively
- Kept on higher antibiotics and nbm for 7 days
- Started on soft and high protein diet on pod-7
- Drain from morrison pouch removed on pod-7
- Drain from pelvis removed on pod-13
- Icd removed on pod-15
- Patient was discharged on pod-18

CONCLUSION

- Arrow injury and its acute management is still relevant in this century.
- Delay in treatment adversely affects survival.
- Optimal exploration, adequate mobilisation, minimising hemorrhage and repair are the building blocks of successful treatment.

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