

A Dire Emergency Case of Stab Injury with Impending Ischemia of Eviscerated Bowel with Colonic Perforation - A Case Report

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Abstract

Penetrating abdominal trauma is mostly caused by gunshots or stab wounds. Management of penetrating abdominal trauma is often challenging and time between the injury and surgical intervention play a pivotal role in such cases depending upon the clinical presentation of the patient. The success rate depends so much on early surgical intervention that one cannot wait for pre-operative work up before taking the patient to operation theatre. We present a case of stab injury presented with eviscerated ischemic bowel and perforation in transverse colon with mesenteric arterial spurter.

Keywords- penetrating abdominal trauma, stab wounds, perforation, ischemic bowel, mesenteric arterial spurter

Introduction

Penetrating abdominal trauma most frequently results from gunshot wounds and stab wounds which cause significant intra-abdominal injury [1, 3]. The most commonly injured structures include Small bowel, Liver, Colon, Abdominal, vascular structures [4, 5]. People with penetrating abdominal trauma may have signs of hypovolemic shock and peritonitis. The treatment is dependent on many different variables such as the anatomical location and the severity of the injury⁶. In severe cases when homeostasis cannot be maintained the use of damage control surgery may be utilized [7].

Case Report

16 year old female brought to the emergency department with alleged history of anterior abdominal stab wound with eviscerated ischemic bowel strangulated in the stab wound. On examination Patient was hemodynamically unstable with PR- 130/min B.P - 70/50mm of hg. Spo2- 90% at room air. Patient was resuscitated. Decision was taken to go for emergency laparotomy. On exploration there was immediate improvement in the blood circulation to strangulated bowel. Intraoperative findings reveals injury to the mesenteric vessels which were spurting and perforation over the transverse colon from which worms were coming out. This helps us in localizing sub-centrimetric perforation in colon. Mesenteric vessels were clamped and ligated with sutures. Colonic perforation was primarily closed. Post op period was uneventful with minor surgical site infection.

Declaration section

- Ethics approval and consent to participate – Bombay hospital ethics committee
- Consent from patient - Taken
- Availability of data and materials- Not applicable
- Competing interests- No competing interests
- Funding- Not applicable

Author contribution

Study conception and design: Dr Mohd Amir

Acquisition of data: Dr Prathamesh P

Analysis and interpretation of data: Dr Sameer D

Drafting of manuscript: Dr Mohd Amir

Critical revision: Dr Chatterjee S

Conflict of interest

None.

Funding

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Consent

Consent taken from the patient for case study and publishing.

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