

Current Management of Colon Trauma at a Level II Trauma Center - A Single Center Review of Cases from the Last Two Decades

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Abstract

Introduction: The large bowel is the second most commonly injured hollow viscus in penetrating abdominal trauma following the small bowel. Injuries to the colon are fairly common in times of war and the lessons learned in these instances have historically guided management. The objective of our research is to highlight current management principles as they are applied in a single trauma centre during the last two decades.

Material and method: A retrospective review of our clinical experience was performed. Electronic health records from our institution were searched for injuries caused by external forces from January 2003 - October 2021. All patients that were identified with colon injuries were included in the review.

Results: We identified 11 male patients with colon injuries during the study period. Repair options used were primary suture or colostomy formation with no anastomoses and no damage control procedures. Mortality was 27.2%, relatively high when compared with contemporaneous studies.

Conclusions: The main take home message of our research is that the epidemiology of colon trauma is very different in a civilian environment that has a low caseload of penetrating injury compared to wartime injuries. There is a clear need of prospective multicentre data in this type of trauma cohorts to better define management options and not base our approach on wartime data or data from communities where the rate of penetrating injuries is high.

Key words: colon injury, colon trauma