

Retroperitoneal Haematoma – Still a Medical Challenge for Abdominal Trauma

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Abstract

Introduction: The study is presenting a personal experience of a Trauma Centre Level I and is try to conclude on optimal medical attitude for patients with retroperitoneal hematoma, still a controversial topic for traumatologists.

Material and Method: A retrospective analysis of 22 cases of post-traumatic retroperitoneal hematoma admitted on Bucharest Emergency Hospital between September 2018 – August 2021 (including time of Covid-19 pandemic), is presented.

Results: The patients (males predominance, mean age 43, mean ISS of 23), benefited of nonoperative management on admission for 10 cases (45%) – with a failure rate of 4/10 due to recurrent bleeding from spleen injuries and continuous bleeding from mesenteric vessels lesions. CT scan (73% - 16 cases) within 1 hour from the admission and emergency surgery were necessary for 12 cases (55%). 2 patients benefited of angioembolization on admission. Conservative attitude for retroperitoneal hematoma was adopted for 72% cases. Over-all mortality: 18% (4 patients, mean ISS of 36), among 82% polytrauma cases.

Conclusions: Algorithm of treatment is adapted to every case of retroperitoneal hematoma but the following sequences are mandatory: rapid transportation to Trauma Centre Level I with medical help, correct resuscitation, immediate relevant imagistic (CT scan), emergency surgery prior to angioembolization (for hemodynamic instable patients) or after it, ICU stabilization of the patient and then definitive repair of the injuries. Despite all, mortality remains high.

Key words: retroperitoneal hematoma, abdominal trauma, emergency surgery