

## CONSERVATIVE TREATMENT IN SOLID VISCERA INJURIES DUE TO CLOSED ABDOMINAL TRAUMA: A CASE REPORT

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### ABSTRACT

**OBJECTIVE:** To evaluate conservative treatment in a critically ill patient with blunt abdominal trauma and solid viscera injuries at Hospital Santa Marcelina de Itaquera - São Paulo, in a female patient, 24 years old, who was admitted to the ER after being run over. Glasgow scale (ECG) of 6, rapid sequence orotracheal intubation (OTI) was performed. Increased heart rate, between 120-130 and stable BP 140 x 80 mmHg. Lowering of the level of consciousness, with cervical collar and rigid board, tachycardia, thorax with abrasions in the anterior region bilaterally, without abdominal distension, left lower limb with external rotation, bulging in the medial portion of the right leg and right upper limb with presence of deviation of the medium line. CT of the whole body and limbs showed a closed fracture of the proximal humerus and diaphyseal on the right, closed fracture of the sacrum foraminal on the right and right iliac bone, fracture of the ileopubic ramus on the right and closed fracture of the tibia on the left; CT of the abdomen and pelvis, showing grade IV liver injury, grade II splenic injury, grade III laceration in the right kidney, grade IV laceration in the left kidney with contained bleeding in the Gerota; Chest CT scan, which showed the presence of dissection of the descending aorta artery, distal to the left subclavian artery, measuring 3 centimeters in length, presence of a small pulmonary contusion on the right and moderate pulmonary contusion on the left, rib fracture on the left; Cranial CT showed a traumatic subarachnoid hemorrhage (SAH) in the high frontal on the right and small frontal SAH on the left. General Surgery and Neurosurgery opted for conservative treatment. Due to the severity of the fractures, the Orthopedics team opted for surgery with external fixation of the left tibia and right humerus fracture, which occurred uneventfully. Patient transferred to ICU. The Vascular Surgery

team opted for endovascular repair of the traumatic dissection of the descending thoracic aorta with an endoprosthesis under general anesthesia, with no complications. Regarding bilateral kidney injuries, the Urology team chose not to perform surgery due to Hb (13.8 on 7/30/19 – 11.7 on 7/31/19) and priority given to other more serious injuries. Abdominal CT on 07/31/19 showed the presence of free fluid in the pelvis in a moderate amount (not seen in a previous examination), presence of a small amount of free fluid in the hepatorenal and splenorenal space, with grade IV liver and splenic injuries - stable compared to the previous examination, grade IV left renal laceration, with perirenal hematoma contained in Gerota's capsule without contrast extravasation, grade III right renal injury, without signs of hollow viscera injury. He opted to continue with conservative treatment, with control of Hb/CTH and blood transfusion due to findings without hemodynamic repercussions and without new Hb drops, avoiding a greater risk of infection and worsening of the general condition. Due to the stability of the condition and the positive result, it was decided to maintain a conservative approach, control of laboratory and imaging tests, in addition to intensive care. With general improvement, extubated two weeks after hemodynamically stable, without vasoactive drugs, in sedation weaning, awake and contacting. Hospital discharge on 08/12/2019, with outpatient follow-up, showing efficacy in its conservative conduct. Conservative treatment has been gaining ground because it is less invasive, with a lower risk of complications and bleeding, shorter hospital stays and hospital costs.

**KEYWORDS:** abdominal trauma; conservative treatment.