

THE RENAL IMPACT UN POLYTRAUMA

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RESUME

Cette étude est rétrospectifs (dix ans) et inclut le trauma rénal qui se produisant dans un polytraumatisé, mais également concernant le trauma rénal d'isolement. Nous nous sommes réunis dans un chiffre de 10% du trauma abdominal, avec la question principale des polytraumatisés, des accidents de la route. Peut avoir été classifié par ordre de fréquence, chutes de hauteur, agression et folâtre des dommages. Plus souvent été impliqués ont ceux de la catégorie d'âge active (16-40 ans), mais ont rapporté des cas extrêmes (3 ans et 65 ans). Comparé au trauma rénal d'isolement, la fréquence du polytraumatisé est double, et le lésion de degré est toujours plus haut (degré 3,4). Un total des 1070 traumas a interné, ont été identifiés 72 cas avec des dommages de rein de polytraumatisé seulement 37 cas des dommages rénaux d'isolement. De 109 cas des dommages rénaux, 106 étaient trauma rénal fermé et 3 cas étaient ouverts de lésions. Le nombre 76 des cases (69.7%) de l'ONU a eu les légères blessure (degré 1,2), et 33 cas (29 %), les dommages importants (degré 3-5). Le traitement était conservateur dans la plupart des cas (degré 1-3), avec les situations qui se sont produites après le traitement conservateur initial (degré 3). Cas avec des lésions de GRD. BT et V, intervention requise dans l'instabilité non contrôlée hémodynamique dû de secours. Il y avait 11 complications et les trois décès.

MOTS CLES: Dommages de rein, CT abdominal, pronostic essentiel, chirurgie conservatrice.

1. Introduction

We proposed a retrospective study of kidney trauma in all aspects and an update of therapeutic attitude based on the results obtained by us. Renal trauma is found in 10% of abdominal trauma, and approximately 5% of all traumas [1-3.] We found a decrease in renal trauma by fall from height and an increase in the sports and car accidents.

Clinical Signs the most common are: lumbar pain and microscopic or macroscopic hematuria, and signs all appropriate lesions associated with multiple

visceral, cranial bone or joints, characteristic for politrauma. Hematuria is present in 95% of cases. [1,3,4.]

2. Material and Method

Our study was conducted on a sample of 109 cases of renal injury from politrauma, and renal isolate . The period studied was 10 years (1999-2008). The aim of the study was to specify the therapeutic function of individual cases reported to the modern concept of therapeutic attitude in renal

trauma. Individual protocol of investigations for diagnosis included the following steps required under ARU (Romanian Association of Urology):

- 1.General clinical examination + anamnesis
- 2.Investigatory protocol package surgical urology
- 3.Echography urinary device
- 4.RRVS + UIV with cistouretrografie
- 5.Pulmonary Rx
6. C.T.

3.Results and Discussion

Analysis of the results was done according to the following criteria: age group, sex, environment of origin, etiology, degree lesions, associated lesions etc.

Batch analysis by age group shows the etiology and factors indicating an increased presence of lesions in subjects of age groups with the highest physical activity (Table 1), and the etiology factors involved were road accidents and falls from height. Sports injuries most frequently encountered group of children and students have an upward trend.

Table 1. Distribution by age groups and etiology

Age Group	No. of cases	Etiologic mechanism			
		Car accidents	Falls	Sport accidents	Aggressions
0-3 years	1	1			
4-9 years	4	3	1		
10-15 years	19	10	6	3	
16-40 years	51	14	20	11	6
41-60 years	30	13	15		2
> 60 years	4	1	3		

Of 1070 cases of trauma general placed in our unit, 72 of them had an associated renal injury, and 37 cases were isolated renal trauma, as seen in figure1 and table 2.

Table 2. Renal trauma on the source of origin

No way trauma	Patients
Isolated injuries	37
Multiple injuries	72

Polytrauma were the major source of renal injury in our study retrieving them is twice the proportion of trauma isolated. Date like I found in literature, but also extreme cases where the trauma occurs isolated net majority.

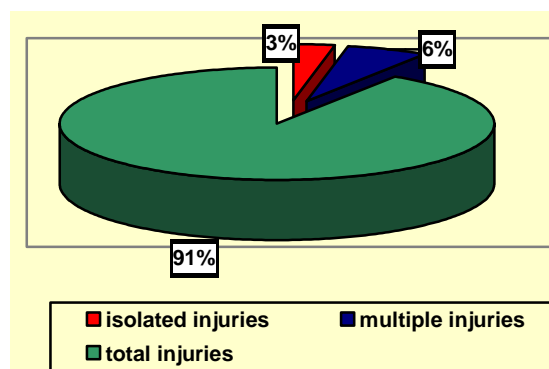


Figure 1. Renal trauma / polytraumatism

After the origin of those 109 patients are classified as follows: 21 patients are from rural areas, of which 5 are women and 16 are men, 88 patients are from urban areas, of which 11 are women and 77 are men. [3.5] (figure 2)

Men and urban landmarks are the most commonly encountered in the incidence of renal trauma, explicable by the large number of male subjects engaged in industrial activities and construction of the urban. There is interesting to track the impact and severity of injuries according to age group factors and etiology, which they extract from Table 1. Orientation distribution by how leziune looks like table 3.

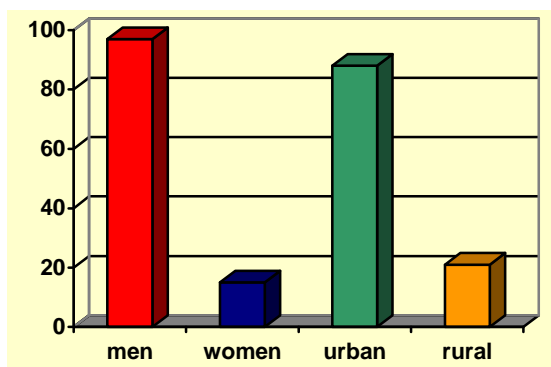


Figure 2. Distribution by sex and area of origin

Table 3. Distribution of cases by grade lesion

No. cases		Minor trauma		Major trauma		
close	open	grd. 1	grd. 2	grd. 3	grd. 4	grd. 5
106	3	44	32	26	6	1
109		76		33		

Minor trauma injuries that include grade 1 and 2 are the majority. Their frequency is increased and the most recognized in the literature as the most encountered trauma. 76 patients renal injuries are minor - of which 39 patients with simple renal contusion with sub capsular haematoma, 25 patients with intrarenal haematoma without inquire path intrarenale, 12 patients with minor perirenal haematoma.

Major trauma we met at a rate of less than 50% of minor trauma, the most commonly lesion being gradul3. Major renal trauma is 32 patients - of which: -29 patients with renal injury gr.3; 3 patients with renal rupture gr.4., one patient with severe renal trauma - with pedicols lesion ;69.7% of patients had minor kidney injury, 29% of patients had major renal trauma; 0, 91% of patients suffered from serious kidney injury that renal.

Seet hat renal trauma prevalence holds however minor trauma, with a percentage of 69%. Fortunately met rarely trawls renal serious kidney pedicol injury (1cas).

If isolated renal trauma allows up to 80% an appropriate imaging scan, or stand if, politrauma because participation in kidney disorders hemodynamics is not always obvious, and if the prognosis is vital in the game, radiological examinations are superfluous and should be emergency intervention.

Retroperitoneal haematoma gushy, I opened for haemostasis in two cases and each time was needed for nefrectomia on haemostatic crushed kidney, and issues related alțin authors. [1,8] UIV was performed on the table, but under conditions of shock, with TA <9mmHg, the results were a case of kidney is inconclusive. In move, "crushed" stage 4, the therapeutic attitude depends on the clinical status of patients. If balanced haemodynamic, may adopt an attitude expectative until day 3-5, when haemostasis is achieved retroperitoneal renet, after which surgical intervention. [2, 8] Way approach was the preferred tran peritoneal, when completed and an inspection the peritoneal cavity Distance, I saw a series of complications, a case pielonefritis six months, two cases of lithiasis hidronefroza and 18 months and one case of HTA three years.

4. Conclusions

Renal trauma as a result of polytraumatisms have greater frequency as isolated renal trauma. (72/37cazuri in our study) .

Gravity in the evolution of renal trauma polytraumatisms, is due most often associated lesions.

I met these lesions most commonly at the age of maximum activity (16-40 years) with a net predominance to male sex and urban areas.

Renal trauma associated with serious injuries and instability haemodynamic will be on the table resuscitated surgery.

Renal trauma hemodynamic stable, will be treated conservatively, while the exploration will be needed to specify the headquarters level and lesion.

Evolution is favorable in case of minor injuries (grd, I, II and sometimes grd. III) treated conservatively without complications.

Late complications, the 6month-3year were nine in number, not a claim that figure is exact, since a significant share of the former patients have not responded to our invitation.

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