

ABSTRACT

BACKGROUND AND OBJECTIVE

Abdominal trauma is one of the most common causes among injuries caused mainly due to road traffic accidents. Motor vehicle accidents account for 75 to 80 % of blunt abdominal trauma. Blunt abdominal trauma is usually not obvious. The knowledge in the management of blunt abdominal trauma has progressively increasing due to the in-patient data gathered from different parts of the world. In spite of the best techniques and advances in diagnostic and supportive care, the morbidity and mortality remains at large.

METHODS

This study is a prospective study of blunt abdominal injuries during the period from May 2016 to August 2017 in Trauma Care Centre, Government Rajaji Hospital, Madurai Medical college. Number of cases studied is 100. After initial resuscitation and achieving hemodynamic stability, all patients were subjected to careful examination, depending on the clinical findings, the clinical abdominal scoring system score (CASS) was calculated and all patients undergo the FAST ultra sound and plain radiograph of chest and abdomen scan and Blunt abdominal trauma severity score (BATTSS) is calculated then. Decision was taken for further investigations and CT scan if the patient is stable. If patient is hemodynamic unstable the patient is resuscitated and planned for emergency surgery if indicated

Patients are followed up for a week to determine their possible need for laparotomy

The documented values of CASS and BATSS were recorded and was analysed with respect to the outcome whether or not the patient needed laparotomy or managed conservatively. Analysis was done using SPSS software.

RESULTS

Our study revealed that strong correlation of higher CASS and BATSScores with increased mortality .The Average CASS score of the operative group was **11.56** with a standard deviation of **2.02**. The mean BATSScore of the operative group was **13.4** with a standard deviation of **2.17**

The higher scores of both CASS and BATSS needed laparotomy (value of more than 12) with a specificity of 100% for both scoring systems.

Keywords

Blunt abdominal trauma, clinical abdominal severity score, CASS, blunt abdominal trauma severity scoring system, BATSS