

PROGNOSTIC FACTORS OF DEATH IN TRAUMA, COMPLICATED BY RETROPERITONEAL HEMORRHAGE

Introduction: The presence of retroperitoneal lesions, complicated by retroperitoneal hemorrhage (HRP) is a problematic factor in the diagnosis, treatment, worsening the favorable prognosis of traumatized. **Aim:** Analysis of the death factors in trauma, complicated by retroperitoneal hemorrhage. **Material and methods:** The study includes 195 victims with trauma, complicated by HRP. The mortality was 36,92%(72). Causes of the injury: car accidents- 109(55,89%), katatraumas- 59(30,25%), compression-11(5,64%), direct blows- 8(4,1%), other causes- 8(4,1%). The algorithm of medic-surgical behavior depended on hemodynamic stability. The average value of the scale was used to evaluate the gravity of the trauma: GCS(Glasgow), AIS, ISS, shock index Algovier(SIA), complete forensic results with the complex morph- pathological methods. **Results:** It was traced out: skull-cerebral trauma in 131(67,17%), with cerebral coma <9 Glasgow- 33patients, inner abdominal organ damage: I organ-57 cases, II-39, III-34, IV-13, V-25, VI organs- 1 case, the pelvis fracture- 152(77,94%), etc. The severity average of the injury at the admission: GCS=11,25±3,26; AIS=10,58±3,78; ISS=36,78±16,99; SI Algovier=1,3±0,63. It has been made: laparoscopy-15, emergency laparotomy to 51 patients. Causes of death: irreversible shock (28), MODS (29), cardio-vascular failure (8), septic complications (3), severe skull-cerebral trauma (3), CID (1). **Conclusions:** The prognostic factors of death in trauma, complicated by HRP are: the character and severity of trauma; severe shock; multiple injury of internal organs; massive retroperitoneal hemorrhage; time during trauma-admission-surgery; general state; aggravation of the concomitant diseases and the development of complications during the posttraumatic period.

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HEMORAGIILE RETROPERITONEALE ȘI SEMNIFICAȚIA MEDICO-LEGALĂ

Paladii I., Ghidirim Gh., Kusturov V., Beschieru E., Mahovici I., Vizitiu A., Gheorghita V.

Clinica Chirurgie N1 "N. Anestiadi", Laboratorul Chirurgie HPB,
 USMF „N. Testemițanu”, Chișinău

Introducere: Hemoragiile retroperitoneale (HRP) ocupă un loc important în chirurgia de urgență, rămânând o problemă greu de explorat, având o influență nefavorabilă asupra tratamentului pacienților cu traumatism asociat. **Scopul:** Evaluarea comparativă a datelor clinice și morfopatologice a HRP în traumatismul asociat. **Material și metode:** Studiul include prelucrarea datelor a 63 victime cu traumatism asociat, complicat cu HRP, bazat pe analiza comparativă a datelor expertizei medico-legale și clinice. **Cauzele traumei:** accidente rutiere-44(69,84%), catatrauma-15(23,8%), strivire-4(6,34%) cazuri. **Metode:** examen clinic, radiologic, USG, TC, laparoscopia, laparotomia, metode complexe morfopatologice. **Rezultate:** Examinările lotului de studiu: USG-14(22,22%); examenul radiologic-63(100%), TC-3(4,76%) cazuri. S-a efectuat: laparoscopia-13(20,63%), laparotomia de urgență-50(79,36%) cazuri. La toți pacienții s-a depistat fracturi ale bazinului, lezarea organelor interne: ficat-18, splină-21, rinichi-6, vezica urinară-12, intestin-11 cazuri, etc. HRP s-a depistat la 51 accidentați, în următoarele zone de răspândire a HRP: zona I-1, II-6, III-15, mixtă-29 cazuri. Necătând la tratamentul efectuat, din cauzele multiple și severitatea traumatismului (media ISS=47,28±17,68), pacienții au decedat. **Cauzele decesului:** șoc ireversibil(24), insuficiența poliorganică (27), insuficiența cardio-vasculară(6), complicații septice(3), traumatism cranio-cerebral grav(3). **Examenul medico-legal a completat șirul de leziuni ale organelor interne, inclusiv la 12 decedați, numai la autopsie, a fost depistată HRP și zonele ei de răspândire: la 9-in zona III, la 3-zona mixtă. Concluzie:** Semnificația medico-legală este indiscutabilă în aprecierea precisă a leziunilor organelor interne și răspândirea zonală a HRP. Studiul comparativ a datelor clinice și expertizei medico-legale a demonstrat, că zonele de răspândire a HRP depistate în clinică, în majoritate coincid cu datele expertizei medico-legale.

THE RETROPERITONEAL HEMORRHAGES AND FORENSIC SIGNIFICANCE

Introduction: The retroperitoneal hemorrhages (HRP) occupies an important place in emergency surgery, remaining a difficult issue to explore, having a negative influence on the patients treatment in associated trauma, complicated with HRP. **Aim:** The comparative evaluation of clinical and pathological data of HRP in the associated trauma. **Material and methods:** The study includes the processing data of 63 victims with associated trauma, complicated with the retroperitoneal hemorrhage, based on the comparative analysis of forensic and clinical data. The causes of trauma: car accident-44(69,84%), katatrauma-15(23,8%), compression-4(6,34%) cases. **Methods:** general clinical examination, USG, X-ray, TC, laparoscopy data, laparotomy, forensic results with the complex morph-pathological methods. **Results:** The study group were examined: USG-14(22,22%), X-ray-63(100%), TC-3(4,76%) cases. It was made: laparoscopy-13(20,63%), emergency laparotomy-50(79,36%) cases. All patients were diagnosed with pelvic fractures; damage of the internal organs: liver-18, spleen-21, kidney-6, urinary bladder-12, bowel-11 cases, etc. HRP was detected in 51 cases, in the following areas of the spread of the HRP: zone I-1, II-6, III-15, combined-29 cases. Regarding to the treatment made, due to multiple causes and the severity of trauma (mean ISS=47,28±17,68) patients died. The death causes: irreversible shock(24), MODS(27), cardiovascular shortage(6), septic complications(3), severe skull-cerebral trauma(3). **Forensic examination completed the row of injuries of the internal organs, including 12 deaths, only at the autopsy, HRP and the zones of the spread were traced out: in 9cases-in zone III, 3-mixed zones. Conclusion:** Forensic significance is indisputable accurate in assessing damage internal organs and zonal spread of HRP. The compared study of clinic and forensic expertise data demonstrated that spreading zones of HRP detected in hospital, mostly coincide with forensic expertise data.