

Acute Abdominal Injury in a Collegiate Hockey Player

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HISTORY: 19yo male, collegiate ice hockey player, suffered an abdominal injury in a game. Hit into the boards by another player. This occurred at his team's bench, and he had to be helped over the boards. He was then moved to the locker room for evaluation. He was pale, diaphoretic, and complained of acute left upper quadrant pain. Pain was 7/10, sharp, radiating to his left shoulder. He was transferred to the local ED for further evaluation, due to concern for intra-abdominal trauma.

PHYSICAL EXAMINATION:

Vital Sign: Pulse 74-84, BP 92-137/ 51-68, RR 18-20, PO2 100#

General: awake, alert, NAD

HEENT: head and facial bones nontender, EOMI, PERRLA, TM intact without fluid/blood, no blood in mouth/nares, mucous membranes moist

Neck: nontender, no stepoffs/crepitus, trachea midline

Heart: regular rate and rhythm, no murmurs

Lungs: clear bilaterally, chest wall nontender, no wheezing/rales

Abdomen: soft, tender to palpation at left upper quadrant, nondistended, +BS, no guarding, or rigidity.

Extremities: pulse/motor/sensory grossly intact

Neuro: alert/oriented, no focal deficits, CN 2-12 intact

Skin: no rashes/erythema/ecchymosis over abdomen

DIFFERENTIAL DIAGNOSIS:

Splenic laceration/ contusion

Abdominal wall strain

Bowel rupture

Injury to pancreas

Injury to stomach

Rib Fracture, contusion

TESTS AND RESULTS:

CBC, CMP, and Lipase normal. **CT chest/abdomen** - Small sub centimeter splenic contusion involving the lower pole. No other traumatic injury identified. Thickening of the bowel, appreciated by general surgery, questionable significance, concerning for possible laceration.

FINAL/WORKING DIAGNOSIS:

Small bowel laceration

TREATMENT AND OUTCOME:

Following initial studies and evaluation, he was observed overnight, due to pain and possible spleen injury. Overnight, pt was seen to have increased heart rate, pain, and WBC. He was taken for exploratory laparotomy which revealed a small bowel perforation. This was surgically repaired. No other injury, including that to the spleen, could be appreciated. Pt remained in the hospital for 6 days, which were uneventful, then discharged home. One month later, he was

seen in follow up by trauma. His exam was unremarkable. He was held from hockey for the remainder of the season. He was otherwise released to full activity and cleared to participate in next year's hockey season.