

Isolated pancreatic trauma: experience at a level one trauma service

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Purpose:

To evaluate the incidence, management, and outcome of isolated pancreatic trauma (IPT) at a level one trauma service

Method:

A retrospective analysis was performed from a prospective trauma registry at a level 1 trauma centre in Australia. All trauma patients from January 2000 to December 2017 with pancreatic trauma (PT) were included in the study and categorised into isolated pancreatic trauma (IPT) and non-isolated pancreatic trauma (NIPT) groups. Diagnosis of PT was confirmed either biochemically, radiologically, or operatively. AAST grading categorised PT into high grade (HG) and low grade (LG) injury. HG injury was deemed AAST \geq 3. IPT was defined as pancreatic injury, without injury to other intra-abdominal organs.

Results:

Over the study period a total of 92 patients were admitted with PT. IPT occurred in 9 patients. All injury occurred via blunt mechanism. HG injury occurred in IPT occurred 3 of the 9 patients. Mean ISS for IPT was 26 (13-50). Chest (n=4, 44.44%) and lumbar spine (n=3, 33.33%) were most injured outside the abdomen in IPT. Operative intervention occurred in n=3 cases and radiological drainage in n=2. Distal pancreatectomy was the most performed procedure. Damage control surgery (DCS) was not required with IPT. Mean

time to operation (TTO) was 15.83 hours in IPT and 7.40 hours in NIPT ($p > 0.05$). Mean length of stay (LOS) in IPT was 21.29 days and 15.91 in NIPT ($p < 0.05$). Pancreatic specific complications occurred in n=1 patient with ITP.

Conclusion:

IPT is rarely seen. When ITP is present, the patient uncommonly presents in shock and does not require DCS. Operative management, when required, doesn't occur as expediently as with NIPT patients. LOS is on average longer in patients with IPT compared to NIPT patients. This could partly be explained by prolonged TTO seen in ITP and by the complexity of these injuries.

Biography:

Dr Dan Marascia is a General Surgical and Trauma registrar working at the [Royal Melbourne Hospital](#) in Melbourne, Australia. He completed his medical degree in 2017 at Deakin University and has developed a keen interest in the care of General Surgical and Trauma patients, subsequently undertaking a MS in Traumatology. He also has interests in medical education working with the University of Melbourne School of Medicine as both an anatomy demonstrator and student tutor.