

Editorial Note on Pediatric Abdominal Trauma

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Description

Trauma is one among the leading causes of morbidity and mortality within the pediatric population. After the head and the extremities, the abdomen is that the third most commonly injured anatomic region among children. It is the foremost common unrecognized fatal injury of traumatized children and it is present in approximately 25% of pediatric patients. Management of pediatric abdominal injuries in many children has evolved considerably. Non-operative treatment of children with blunt abdominal trauma is successful in more than 95% of appropriately selected cases. Pediatric abdominal trauma is typically seems like a blunt in nature, the spleen is the most common organ injured. Falls from heights, assaults and motor vehicle accidents are the main reason for Blunt Abdominal Trauma. It can be associated with significant morbidity and may have mortality as high as 8.5% in children. Adequate oxygen delivery and crystalloid fluid administration are the most important aspects of medical therapy for patients with vascular injuries. Although colloid has been used for decades to treat patients with hemophilia, the mortality benefit of this treatment has not been proven. Blood transfusion is also beneficial for individuals with low blood hemoglobin concentrations. Unique characteristics of the abdomen help in its response to traumatic stresses. The solid organs are comparatively larger in the child compared to adult. Traumatic injuries are one of the leading causes of death in children. Pediatric Abdominal Trauma accounts 8%-10% of all trauma admissions to pediatric hospitals and Penetrating injuries are very common in children and account for 8-12% of pediatric abdominal trauma admissions in most trauma centers. Non-operative treatment of children with blunt abdominal trauma is successful in more than 95%

of appropriately selected cases if trauma care providers have a thorough knowledge of the anatomy and physiology of the growing child.

Abdominal Traumatic injuries can result in rapid blood loss, it is very important to recognize them as soon as possible. There are some main causes and signs like, abdominal pain, rigid abdomen, and blood in the urine, left arm or shoulder pain, tenderness over the injured area, cold and sweaty skin, rapid fluctuations in pulse, low blood pressure, loss of consciousness, nausea and vomiting. Fluid resuscitation is an important component of the management of abdominal injuries and specific management depends on the whether trauma is blunt or penetrating and solid or hollow organs are injured among children. The abdominal wall of a toddler has thinner musculature than that of an adult, particularly during the first 2 years of life, providing less protection to underlying structures and their abdomen is usually square and become rectangular when the child reaches to certain age. However, this increase in compliance makes them less effective at energy dissipation and protecting the upper abdominal structures (eg, the spleen and the liver) and these characteristics reduce the amount of energy absorption and may result in increased motility and vulnerability. The spleen of the children will have a thicker capsule than that of the adult, yet the spleen is among the most commonly injured solid organs in Pediatric abdominal trauma.

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