Risk of splenic injury associated with fracture of 9th, 10th and 11th ribsin blunt trauma

Fadhil Ghadhban Alsaaedi*, Ali Nayyef Assi**and AlaaJamel Hassan **

الخلاصه

دراسه اجريت على 96 مريضا خلال سنتين 2007 الى 2009مى ط وارىء مستشد في الحسين التعليمي في الناصراليم إسعه اجريت لمعرفه نسر به اصد ابه الطحال بالتمزق تیجه شدده خارجیه علی الجه ه الیسری من اسد فل الصد در مصد حوبه بکسر فی احداو الاضلاع الثلاثه التي تغطى الطحال بعد اجراءالفحوصات الازمه لهؤلاء المرضى تبين نهم مصد ازايو 47 بتم زق الطّح ال مصد حوبا بكسد رفي احد د او اثنا بن او ئلاثه اضد لا 1/4 إلى الما الله الله الله الله عن طريق الفد ص بالاشعهالسد ينيه للصد در لفح ص بالسه ونار والأشعهالمقطعيه للبطن وبعداج راء دراسه النسب تبين مايلي:ان نسبه تمزق الطحال تزدالم عند حدوث كسرور في الاضد لاع الثلاثه وان نسبه تمزق الطحال تمزق الطحال تزداد عذد حدوث كسر في الضدلع العاشر عن غيره من الاضد الاعوان نسبه تمزق الطحال عند الرجال اكثر من النساء والاطفال وإن النسبهعاليه عند الاعمار بين 20 ---- 50 سنه معضم حالات التمزق عولجت بعمليه رفع الطحال الا عدد قليل لا ح الله الموزاج ت ع ن طري ف خياط 4 الطح ال وعدد قلَّي ل اخر المرضد ي عولجو تحفضيا بدون تدخل جراحي من خلال در استنا هذه ننصح بالتاكد من تمزق الحال في حاله حدوث كسد ورفى الاضد لرع الثلاثه (9و10و 1م) نالقة ص الصددري الايسدر وذالكلوجود نسبه عاليه من تمزق الطحال وهناك نسبه كبيره بتمزق الطحال مصحوبه بكسر بالضلع العاشر عن غيره

Abstract

Spleen is the intra abdominal organ most frequently injured in blunt trauma ,suspension of splenic injury should be raised in any patient with blunt trauma to the abdomen and lower left side of chest(blow,fall,or sport related injury. This study was done in the emergency department (ED)in ALHussein teaching hospital (ALNassiria)during 2 years(between 15th march 2007 to 14th feberory 2009) 96patients [62malesand 34females]. Patients present as a trauma to the abdomen and/or lower chest. 74 of those patients have rupture spleen with fracture of left lower ribs proved by chest x-ray, abdominal US and C.T scan.

^{*}Al Hussein Teaching Hospital - Nassiriyah

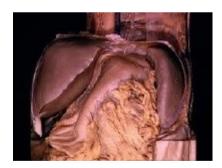
^{**}Department of surgery-Thiqar-Medical College

To evaluate percentage of splenic injury associated with fracture of left lower ribs we did such study.

About 54% of those patient get splenic injury associated with fracture of 3 lower ribs and 24% of patient get splenic injury associated with fracture of 9th&10th ribs and about 11% associated with single rib fracture especially10th rib and about 11% have no splenicinjury although they have fracture ribs.Patient with fracture of lower 3 ribs have high risk of splenic injury about double risk from those who have 2lower rib fracture and triple to those who have single rib fractureespecially 10th rib which regarded most effective rib in splenic injury and about 11% 0f patients have no association splenic injury even some of them with 3 ribs fracture.

Introduction

The spleen is an wedge-shaped organ that lies in relation to the 9th ,10th and 11th ribs, located in the left hypochondrium and partly in the epigastrium; thus, it is situated between the fundus of the stomach and the diaphragm .The spleen is highly vascular and reddish purple; its size and weight are variable(75-125 g). A normal spleen is not palpable. {6}



Although protected under the bony ribcage, the spleen remains the most commonly affected organ in blunt injury to the left lower chest and abdomen in all age groups. {7}. It consist of an encapsulated mass of vascular andlymphoid tissue, it's the largest reticulo- endothelial organ in the body arising from the primitive mesoderm as an outgrowth of the left side of the dorsal

mesogastrium. The most common anomaly of splenic embryology is the accessory of spleen, present in up to 20% of the population one or more accessory spleen may also occur in up to 30% in patient with hematological diseases over 80% of accessory spleen region of the splenic hilum and found in pedicle^[4].Strictures related to spleen are greater curvature of stomach, the tail of pancreas, left kidney, splenic flexure of colon, the parietal peritoneum adheres firmly to the splenic capsule except at splenic hilum, peritoneum extend superior and lateral and inferior creating folds which form suspensory ligaments of spleen ,spleno- phrenic and spleno-colic ligaments and gastro splenic ligament through which the short gastric arteries and veins course. [3] the splenic artery which is the largest branch from celiac trunk. enter the hilum of the spleen, branches in to trabecular arteries and then branches into the central arteries^[5]. Main signs and symptoms of rapture spleenare hypotension, left upper quadrant pain, peritoneal signs ,kehr's sign(referred pain to the left shoulder) and the severity of these sign and symptoms depend on the amount of blood loss.[2]

Spleen injury severity scale by grades(aast):

iT classified to 5 grade

Grade 1 :a-sub capsular hematoma less than 10% surface area and non expanding .b-laceration less than 1 cm deep with capsular tear, but non bleeding

Grade 2:a- hematoma less than 50% surface area sub capsular, less than 5 cm intraparenchymalhematoma.b- capsular tear with active bleeding,1 to 3 cm in depth, but must not involve trabicular vessel.

Grade 3:a- sub capsularhematoma more than 50% surface area or expanding hematoma, rupture sub capsularhematoma with active bleeding b- more than 3 cm deep parenchymal laceration.

Grade 4:a-rapture intraparenchymalhematoma with active bleeding.b-wound involving segmental or hilar vessels with major devascularization.

Grade 5 :a- shattered spleen(massive)b-hilar injury that completely devasculriuze the spleen.^[2]

Treatment options

Increase effort at splenic salvage to avoid total splenectomy, options include partial splenectomy, capsular repair and splenorrhaphy[2].removal of spleen completely if its shattered.[1]

Patients and methods

The study was carried out at al Hussein teaching hospital on 96 patients .74 patients were diagnosed as a rupture spleen associated with fracture oflower left chest ribs by history and clinical examination, chest x-ray ,U-S and C.T scan .We classified patient to three groups. group A those who have splenic injury with fracture of 3 left lower ribs[9th,10th,11th] .group B.who had splenic injury and have 2 left lower ribs fracture [10th and 11th] and group Chave single rib fracture [10th]and groupD no splenic injury and have left lower ribs fracture some of them have 3 fractured ribs and others have only 2 fractured ribs. Those patient was managed according to the a.b.c.d management and most of patient treated with laparotomy and splenectomy after resuscitation in the emergency department.so according to classification we want to know the percentage of splenic injury associated with these fractures

Results

This study include 96 patients had blunt trauma on the left lower chest and have rib or ribs fracture (62 males and 34 females),age of those patients range 8 to 60 years. 74 patient (77.08%)have splenic rupture confirm diagnosis by US,CT SCAN ,CHEST X-RAY.51patients males (68.9%) and 23 females (31.08%).

According to the age we classified patient to 3 groups:

(A-)8-20 years 12 patient (16.21%)

(B)20-50 years 52 patients (70.27%)

(C)50-60 years 10 patients (13.5%)

According to the number of ribs fracture:

(A)3 fracturedribs44 patients (59.4%)

(B)2 fracturedribs20 patients (27.02%)

(C)Single rib fracture 9 patients (12.1).

[mostly 10th rib(75 %)]

Most of the patients treated with splenectomy 65 patients (87.8%) and 4 patients (5.40%) treated conservatively and 5 patients (6.75) with splenorrhaphy.

Discussion

Traumatic injury to the spleen by blunt trauma is represent an emergency condition and need an a prompt treatment because high vascularity of spleen may lead to death due tohypovolemic shock.diagnosis aimed on history and clinical examination and conform it by cxr .US and c.t scan.In our study we find about 22 patients (21%)have rib or ribs fracture but have no splenic injury.Rupture spleen more common in males (68.9)than females and this because male more susceptible to trauma. Also in our study we find that most common age affected are between 20 -50 years. The incidence of splenic rupture increase with the number of left lower ribsfracturethis due to severity of trauma that associated with 3 ribs fracture and more chance of ribs to move towards the spleen while percentage of splenic rupture decrease with decrease the number of fracturedribs, but according to single rib fracturesplenic injury is most commonly associated withfracture of 10th rib [75% of single rib fracture].

Table 1:percentage Distribution of splenic rupture according to the no. of ribs fracture

3 ribs fracture	2 ribs fractures	Single rib fractures
44 patients 59.4	20 patients 27.02%	9 patients 12.1%

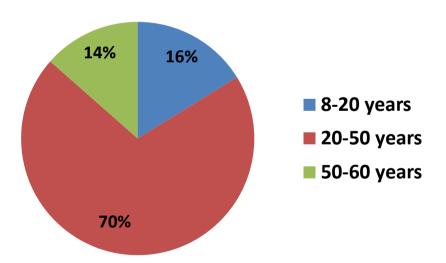
Table 2: Percentage Distribution of splenic rupture according to the age

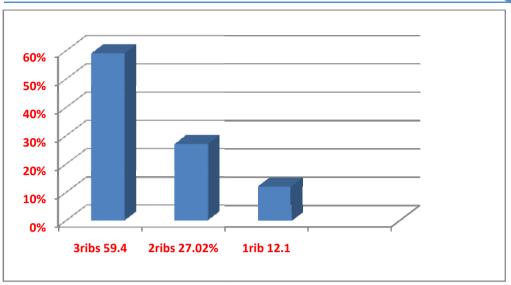
820 years	2050 years	5060 years
12 patients16.21%	52 patients 70.27%	10 patients13.5%

Table3:Percentage Distribution of splenic rupture according to the sex.

Mal	Female
51 patients	23 patients
68%	31.08%

Distribution of traumatic splenic rapture according to the age





Distribution of traumatic splenic rapture according to the number of fracture ribs

Refrences

- 1-Exford hand book of clinical surgery.p657
- 2- Advanced surgical recall .lippincott Williams &wilkin rences.p601 602,603,343,344
- 3-SABISTON,text book of surgery 18thedition p513 p 1643.
- 4- Schwartz's 9thedition, prencibles of surgery p.1246.
- 5-Currentsurgical diagnosis and treatment 12thedition p.629
- 6-Shurin SB. The spleen and its disorders. In: Hoffman R, et al. Hematology: Basic Principles and Practice. 5th ed. Philadelphia, Pa.: Churchill Livingstone; 2009.
- 7-Isenhour J, et al. General approach to blunt abdominal trauma in adults..p973
- 8- Clinical policy: Critical issues in the evaluation of adult patients presenting to the emergency department with acute blunt abdominal trauma. Irving, Texas: American College of Emergency Physicians.