

CASE REPORT: TRAUMATIC LACERATION OF LIVER AND HAEMOPERITONIUM.

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A young men aged about 27 years referred for ultrasonography of the upper abdomen, having a history of blunt trauma in the right upper abdomen about ten days followed by severe upper abdominal tenderness and fever. Previously ultrasound scan was done elsewhere and the case was diagnosed as liver abscess and was treated conservatively. The condition of the patient was deteriorating day by day.

On general physical examination the patient was severely anaemic, pulse was 96 /min, Blood pressure was 110/70 mm Hg and high rise of temperature with severe tenderness in the right upper abdomen.

During ultrasound scan we found that the liver was enlarged in size, there is a large (87 mmX65mm) hypoechoic mass with irregular margin, predominantly solid in nature with peripheral hypoechoic collection in the right lobe of the liver, immediately adjacent to the diaphragm and the rest of the liver tissue was uniformly hypoechoic.

Moderate amount of free echogenic fluid collection was present in the peritoneal cavity.

The case was diagnosed as traumatic laceration of liver with haemoperitoneum. Later on, the diagnosis was confirmed by laparotomy. During laparotomy it was found that, abdominal cavity was filled-up with blood, liver, mainly the right lobe was altered in size and was lacerated. Meticulously all unhealthy liver tissue was removed and peritoneal toileting were done.

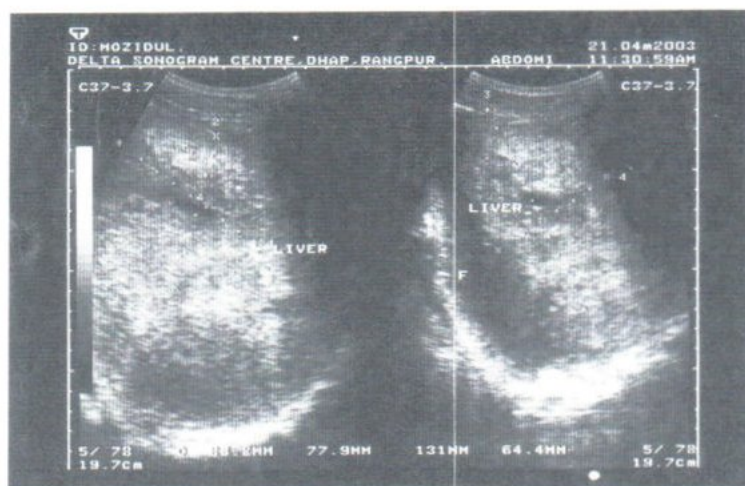


Fig.1 Sonographic Printout of Lacerated liver

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INTRODUCTION

Liver is the largest organ of the body, situated under the right hemi - diaphragm, which allow it to be protected from trauma by the costal margin. Liver is the extremely well vascularised organ and bleeding is therefore the major early complication of liver injury. The majority of injuries occurred as a result of road traffic accidents, all lower chest or upper abdominal stab wound or blunt upper abdominal trauma.

DISCUSSION

Liver trauma is a relatively rare surgical emergency but mortality and morbidity rates remain significant. It is likely that surgeons outside specialist centres will have limited experience in its management; therefore best practice should be identified and a specialist approach developed.¹

CT is the modality of reference for evaluating traumatic hepatic lesions. The selection of patients for surgery requires an accurate classification and grading of the lesions. The classification of hepatic lesions alone, however, is not sufficient, as it does not take into account peritoneal and retroperitoneal haemorrhage, which often occur, and are correlated with the need for exploratory laparotomy.

Ultrasonography can be used as a diagnostic modality where computed tomography is not

available.²

Most patients with liver trauma can be managed conservatively. Operative management carried out in non - specialized units is associated with high mortality and morbidity rates. It can be concluded that the valuable information obtained by proper ultrasound can reduce the unnecessary delay of the management, there by relieving the patient from many morbid conditions.

Although there are different modalities for detection of liver trauma, namely USG, radioisotope scanning, CT, MRI but most agree that USG should be used as the first mean of study where CT, MRI are not easily available.

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