

MANAGEMENT OF ABDOMINAL STAB WOUNDS WITH ISOLATED OMENTAL EVISCERATION

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Background

The management of penetrating abdominal stab wounds is not consensual and represents a medical and surgical challenge with the aim to reduce the rate of unnecessary laparotomies. While organ evisceration is an indication for emergency laparotomy, omental evisceration is not an absolute indication and nonoperative therapy may be employed in selected cases.

Aim

The aim of this study was to evaluate the management of abdominal stab wounds with isolated omental evisceration as regard laparotomy rate, spectrum of organ injury, types of operative procedures, success rate of selective non-operative management, hospital stay, morbidity and mortality.

Methods

The present prospective study included patients who sustained stab wound (SW) to the anterior abdomen with isolated omental evisceration presented to the emergency hospital of Tanta university, Tanta, Egypt during the period from February 2018 to April 2019. Those who do not have any indication for immediate laparotomy were managed conservatively while those who developed signs of sepsis, persistent tachycardia, increasing tenderness, peritonitis, or any unexplained clinical deterioration were subjected to laparotomy. Operative findings were classified as either positive or negative. The injury findings were classified as either single organ or multiple organ injuries. The spectrum of injuries was classified according to the frequency of the injury, the individual organ involved and the operative procedure performed.

Results

A total of 320 patients were included in the study, 95% were male and the mean age was 24 years. 180 patients (56%) required immediate laparotomy. The remaining 140 patients had observed clinically. Of these, 14 patients (10%) eventually required delayed laparotomy. Of the total 194 patients who underwent laparotomy, 97% were positive. Of the 188 positive laparotomies, 98% were considered therapeutic. 55% sustained multiple organs injuries. The overall complication rate was 10%. The mean length of hospital stay for non-operated patients was 2 days while it was 7 days for patients subjected to laparotomy. The overall mortality rate was 1.5%.

Conclusion

In patients with stab penetrated anterior abdominal wounds, multiple injuries are more commonly than single organ injury. Patients with only omental evisceration and absence of signs of peritoneal irritation, selective non-operative management has a high success rate, a low complication rate and leads to significantly shorter hospital stay.

Keywords: Abdominal Stab Wounds, Omental Evisceration, Laparotomy, Non-operative Management