

### 3. ASPECTS OF DIAGNOSIS AND TREATMENT OF DUODENAL INJURIES IN ROAD ACCIDENTS



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**Introduction.** Injuries in road accidents present a major problem with a significant impact on human health. Annually, 1.3 million people die, and up to 50 million are traumatized, with serious health consequences. In the context of these accidents, duodenal injuries represent a challenge in promptly identifying internal injuries and providing the necessary treatment.

**Aim of study.** Identifying the causes of late detection of duodenal lesions in traffic accidents.

**Methods and materials.** The research included a retrospective study of 34 patients with duodenal injuries following road accidents, hospitalized in the IMU. The B/F ratio 79.41% (27)/ 20.58% (7), aged 18-80. Trauma-hospitalization time: <1h-13 (38.23%), <6h-11 (32.35%), <12h-5 (14.70%), <24h-1 (2.94%), 24h –48 h 1 (2.94%), >48h-3 (8.82%), with stable hemodynamics-16 (47.05%) and unstable-18 (52.94%). As diagnostic instrumental methods were: abdominal x-ray-5 (14.7%), chest x-ray-13 (38.23%), skull x-ray-8 (23.52%), pelvis x-ray-8 (23.52%), USG-18 (52.94%), CT-15 (44.11%), laparocentesis-2 (5.88%), laparoscopy-8 (23.52%).

**Results.** Post-investigations signs of duodenal injury were: retroperitoneal hematoma-2 (5.88%), diffuse peritonitis-1 (2.94%), definite duodenal injury-1 (2.94%). Intraoperatively, the following were found: hemoperitoneum-30(88.23%), retroperitoneal hematoma-26 (76.47%), retroperitoneal phlegmon-3 (8.82%), diffuse peritonitis-6 (17.64%), imbibition retroperitoneal bile-4 (11.76%). Surgical treatment was performed according to the degree of duodenal damage. In the first degree: duodenorrhaphy-12 (35.29%), evacuation of retroperitoneal hematoma-1 (2.94%). In the II degree: duodenoraphys-5 (14.07%), antrumresection with a GEA-1 (2.94%). In degree III: duodenoraphs-5 (14.07%), with a GEA according to Braun – 2 (5.88%), In degree IV: duodenoraphs-2 (5.88%) with the exclusion of the duodenum from the passage and GEA. In grade V: exclusion of the duodenum with GEA with EEA -1 (2.94%). Postoperative complications were manifested by wound suppuration-2, suture dehiscence-4, duodenal fistula-4, retroperitoneal phlegmon-1, intraperitoneal abscesses-5, evolving peritonitis-8, sepsis-2. Relaparotomy as a result of the complications occurred in 13 patients, the lethality constituting 16 cases.

**Conclusion.** Duodenal lesions represent a challenge in diagnosis, having non-specific symptoms and lack of obvious signs. The study emphasizes the severity of these injuries in abdominal trauma, with a great influence on lethality. Early identification and appropriate surgical intervention are essential to improve the prognosis of patients with duodenal injuries caused by road traffic accidents.