

# INDIVIDUAL ORGAN INJURY

## Liver

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Blunt liver trauma occurs as a result of direct injury . The liver is a solid organ and compressive forces can easily burst the liver substance ( Figure 29.8 ). The liver is usually compressed between the impacting object and the ribcage or vertebral column. Most injuries are relatively minor and can be managed non-operatively . James Hogarth Pringle , 1863–1941, Australian-born surgeon, The Royal Infirmary , Glasgow , UK. Robert William Sengstaken , 1923–1978, surgeon, Garden City , NY , USA, and The College of Physicians and Surgeons, Columbia University , New York, NY , USA, designed a tube with two in-built balloons for the treatment of oesophageal varices. The tube was passed and the distal balloon inflated. The tube was drawn backwards until the distal balloon was held at the oesophageal hiatus. The proximal balloon was inflated, allowing tamponade of any varices in the distal oesophagus. Lets have a shock wave and when they pass through a solid structure such as the liver they cause significant damage some distance from the actual track of the bullet. Not all penetrating y stop bleeding wounds require operative management and may spontaneously . In the physiologically non-compromised patient, CT is the investigation of choice. It provides information on the liver injury itself, as well as on injuries to the adjoining major vascular and biliary structures. Injury in which there is a suggestion of a vascular component should be reimaged, as there is a significant risk of the development of subsequent ischaemia, false aneurysms, arteriovenous fistulae or haemobiliary fistula. It is advised that all patients should be rescanned prior to discharge. Liver injury can be graded and managed using the American Association for the Surgery of Trauma (AAST) Injury Scoring Scale (ISS) ([https://www.aast.org/resources - detail/injury-scoring-scale](https://www.aast.org/resources-detail/injury-scoring-scale)).

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