

Retroperitoneum

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Injury to the retroperitoneum is often difficult to diagnose, especially in the presence of other injury, when the signs may be masked. Diagnostic tests (such as ultrasound and DPL) may be negative. The best diagnostic modality is CT, but this requires a physiologically stable patient. The retroperitoneum is divided into three zones (Figure 29.10) for the purposes of intraoperative management in blunt trauma: explored, once proximal and distal vascular control has been obtained. Zone 2 (lateral): lateral haematomas should only be explored if they are expanding or pulsatile or penetrating injury is present. They are usually renal in origin and can be managed non-operatively, although they may sometimes require angioembolisation. Zone 3 (pelvic): as with zone 2, these should only be explored if they are expanding or pulsatile or penetrating injury is present. Pelvic haematomas are exceptionally difficult to control and, whenever possible, should not be opened; they are best controlled with compression or extraperitoneal packing, or, if the bleeding is arterial in origin, with angioembolisation.

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