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Pancreatic trauma may lead to a pancreatic pseudocyst, which requires endoscopic drainage into the stomach. For distal lacerations in the pancreatic tail, some surgeons prefer an early distal pancreatectomy rather than non-operative management. Proximal pancreatic duct injuries in older children can be stented. Renal After severe renal injuries, hypertension can develop, which may need treatment. A dimercaptosuccinic acid (DMSA) scan is used to assess function in those with hypertension or following grade IV or V injuries (Table 19.3). Duodenum A duodenal haematoma has a risk of late perforation, which may be retroperitoneal. Therefore, a second abdominal CT scan or a contrast study should be considered if there is dete rioration or recovery is particularly slow . Bowel There are three mechanisms: the bowel wall may fail instantly if pressure rises rapidly in a trapped loop, it may fail up to 72 /uni00A0 hours after a direct crush injury or it may become ischaemic following a mesenteric injury damaging its blood supply . In straddle injuries and pelvic fractures there may be blood at the urethral meatus. Urethral catheterisation can aggravate a urethral injury , and so a suprapubic catheter should be placed.

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