TRAVMA HASTASINDA PAN-BT

DR. ÖĞR. ÜYESİ OĞUZHAN BOL

SBÜ KAYSERI ŞEHIR HASTANESI

NEDEN BT İSTİYORUZ

FİZİK MUAYENE

DİREK GRAFİ

Pan-CT ile mortalite, acilde kalış süresi

Association between a single-pass whole-body computed tomography policy and survival after blunt major trauma: a retrospective cohort study

Martin Hutter[1], Alexander Woltmann[1], Christian Hierholzer[1], Christian Gärtner[2], Volker Bühren[1] and Dirk Stengel[3*]

Results: The study comprised 313 patients during the pre-pan-scan period, 223 patients after the introduction of the pan-scan policy but not undergoing a pan-scan and 608 patients undergoing a pan-scan. The overall mortality was 23.3, 14.8 and 7.9% ($P < 0.001$), respectively. By univariable logistic regression analysis, both the availability (odds ratio (OR) 0.57, 95% confidence interval (CI): 0.36 to 0.90) and the actual use of the pan-scan (OR 0.28, 95% CI: 0.19 to 0.42) were associated with a lower mortality. The final model contained the Injury Severity Score, the Glasgow Coma Scale, age, emergency department time and the use of the pan-scan. 2.7% of the explained variance in mortality was attributable to the use of the pan-scan. This contribution increased to 7.1% in the highest injury severity quartile.

Conclusions: In this study, a liberal pan-scan policy was associated with lower trauma mortality. The causal role of the pan-scan itself must be interpreted in the context of improved structural and process quality, is apparently moderate and needs further investigation with regard to the diagnostic yield and changes in management decisions. (The Pan-Scan for Trauma Resuscitation [PATRES] Study Group, ISRCTN35424832 and ISRCTN41462125)

1812 + görüntüde 123+ bulgu

187 -/- ama 4+ minör bulgu

11 +/- patoloji yok

794 -/+ 3 patoloji +

Selective Use of Computed Tomography Compared With Routine Whole Body Imaging in Patients With Blunt Trauma

Malkeet Gupta, MD, MS, David L. Schriger, MD, MPH, Jonathan R. Hiatt, MD, Henry G. Cryer, MD, PhD, Areti Tillou, MD, MSEd, Jerome R. Hoffman, MA, MD, Larry J. Baraff, MD

How this is relevant to clinical practice

Routine pan-CT scanning detects many injuries, even when thought unnecessary. Debate over finding balance between cost, radiation exposure, and important injuries continues.

Whole-Body CT in Haemodynamically Unstable Severely Injured Patients – A Retrospective, Multicentre Study

Conclusions: WBCT during trauma resuscitation significantly increased the survival in haemodynamically stable as well as in haemodynamically unstable major trauma patients. Thus, the application of WBCT in haemodynamically unstable severely injured patients seems to be safe, feasible and justified if performed quickly within a well-structured environment and by a well-organized trauma team.

Hemodinamik unstabil hastayı CT'ye gönderelim mi?

Birden fazla bölgede klinik bulgu olması

Düşük Glasgow Koma Skoru

Hemodinamik anstabilite

Yaralanma mekanizması

A decision tool for whole-body CT in major trauma that safely reduces unnecessary scanning and associated radiation risks: An initial exploratory analysis

Ronnie M. Davies [a,*], Ashley B. Scrimshire [a], Lorna Sweetman [b], Michael J. Anderton [a], E. Martin Holt [a]

Conclusion: After including neurological deficit, our scoring system had a sensitivity of 97% (95% CI 88–99%) and specificity of 56% (95% CI 49–64%) for significant injury. We propose this is used to stratify the use of trauma radiographs, focused CT and WBCT for major trauma patients. Although not intended to replace clinical judgement, our scoring system adds an objective component to decision-making. We believe this will safely reduce the number of unnecessary CT scans performed on a relatively young cohort of patients.

Immediate total-body CT scanning versus conventional imaging and selective CT scanning in patients with severe trauma (REACT-2): a randomised controlled trial

*Joanne C Sierink, Kaij Treskes, Michael J R Edwards, Benn J A Beuker, Dennis den Hartog, Joachim Hohmann, Marcel G W Dijkgraaf, Jan S K Luitse, Ludo F M Beenen, Markus W Hollmann, J Carel Goslings, for the REACT-2 study group**

Interpretation Diagnosing patients with an immediate total-body CT scan does not reduce in-hospital mortality compared with the standard radiological work-up. Because of the increased radiation dose, future research should focus on the selection of patients who will benefit from immediate total-body CT.

Primer sonlanım acilde, 24. saat ve 30. gün mortalite Yatış süreleri, maliyet

OLUMSUZLUKLARI

FİYAT

RADYASYON

DEFANSİF TIP