Impact on chest trauma UTI

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Introduction: Traumatic injuries are the leading cause of death in the first four decades of life. It is estimated that one in four deaths from trauma corresponds to a rib injury. 70-80% of them are usually secondary to blunt and vehicular collision. Nearly two thirds are associated with other injuries, preferably head injuries, or abdominal trauma, which increases its complexity and priority both in establishing procedures and diagnostic and treatment.

Objectives: 1. Characterize the population admitted to ICU Versatile and chest trauma. 2. Analyze the evolution of patients with single thoracic trauma that occurs with trauma associated.

Materials and Methods: A quantitative, descriptive, and cross-sectional. It was performed from March 2008 to December 2011 (28 months). The medical records of 149 patients admitted to Intensive Care Unit Multipurpose Adults (UTIA) with chest trauma, period analyzed. Variables analyzed: sex, age, signs of alcohol intoxication to causes different type of injury, single chest trauma or associated with other injuries, ventilation, complications, mortality. Statistical analysis: Mean and percentages as summary measures for qualitative variables.

Results: Of 149 patients with thoracic trauma admitted to UTIA, 25 were women (16.78%) and 124 men (83.22%) with a mean ISS average age of 29.03 and 33.46 years. Among the causes were found: vehicular collision falls and stab wounds and fire. Many cases associated with probably signs of alcohol intoxication (ethyl encouragement and rescue SNG). Pulmonary contusion accounted for 53.02% (n =79), with a mortality rate of 48.10% (n=38). The 95.97% (n=143) had associated trauma (Trauma skull, abdomen, pelvis, long bones, vascular, spinal cord injuries), the highest percentage Trauma Brain Injury (TBI) in 78.52% (n=117). The mortality of the population analyzed with Thoracic Trauma was 31.54% (n=47), all with associated trauma (100%). TEC high impact on mortality with 72.34% (n=34) was demonstrated. The most frequent infectious complications were directly related to the length of hospitalization.

Conclusion: The mortality of thoracic trauma in UTIA was higher in patients with associated trauma (especially with TEC) and vehicular collision. Most were young men with signs of alcoholic intoxication income. The most common thoracic injury was pulmonary contusion. Patients with single chest trauma had a better prognosis and no deaths. Moto vehicular collision is the leading cause of death at an early age in our province so it remains of aramount importance to emphasize primary prevention measures. We consider policies to prevent and reduce trauma for this cause should focus on education, applying reasonable standards and monitoring compliance.

Biography
Roberto Antonio Flores has been graduated from National University of Tucuman, Argentina as Medical Doctor, with the specialties including Internal Medicine, Social and Community Medicine and Diploma in Cardiology from the National University of Tucuman and Medical Clinic National Academy of Medicine Argentina. Later on he obtained his post-graduation from National University of Cuyo with subjects Pharmacology & Biology and then started working at The Nurses School, Faculty of Humanities, Social Sciences and Health, National University of Santiago del Estero, Argentina where, he has continued his research. Presently he has been working at the Regional Hospital Dr. Ramon Carrillo, Santiago del Estero City. He has got eminent memberships in many Scientific Societies including Internal Medicine and Cardiology at the Society of Santiago del Estero, Argentina, Membership of Argentin Federation of Cardiology, Membership of Hypertension Committee of Argentine Federation of Cardiology, Membership of Inter American Society of Cardiology and Board of Epidemiology of Inter American Society of Cardiology.

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