Alice asking the Cheshire cat for directions: ‘Would you tell me please, which way I ought to go from here?’ ‘That depends a good deal on where you want to get to,’ said the cat. ‘I don’t much care where,’ said Alice. ‘Then it doesn’t matter which way you go,’ said the cat.

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Blunt abdominal trauma in Zaria, Nigeria

To the Editor: Trauma to the abdomen results from road traffic injuries, violence and armed robbery attacks, among others. Late presentation to hospital, absent diagnostic facilities and late surgical intervention mitigate against appropriate management. As infection is controlled in Africa, and the economic power of the populace improved, trauma is becoming more prominent. This is a report of recent experience with blunt abdominal trauma in Zaria, Northern Nigeria.

Between 1988 and 2002, 60 patients were managed operatively for blunt abdominal trauma in our centre (Table I). There were 52 males and 8 females. Their mean age was 36.4 years (range 15 - 60 years). Fifty-three (88.3%) were aged less than 40 years. The mean time of presentation to hospital was 22 hours after injury (range 12 - 96 hours), the mean time from presentation to operation was 20 hours (range 18 - 38 hours) and the duration of hospital stay ranged from 10 to 31 days (mean 13 days). Road traffic accidents were responsible for the injuries in 41 patients (68.3%), assault in 10 (16.7%), civil strife in 5 (8.3%), falls in 3 (5%), and a collapsed building in 1 (1.7%).
Thirteen patients (21.7%) had injuries involving more than one organ, and 7 (11.7%) had associated extra-abdominal injuries.

Total splenectomy was performed in 6 patients with severed pedicles. The spleen was surgically repaired in 10. Three non-expanding haematomas were left intact. The liver was repaired in 8 patients. Ten patients underwent resection and anastomosis for small-bowel injuries, while 4 required excision and simple closure of perforations. The other injuries were treated according to standard methods.

Postoperative morbidity was recorded in 12 patients: 7 had surgical wound infections, 2 anastomotic dehiscence, 2 pelvic abscesses, and 1 intestinal obstruction from adhesions. There were 3 deaths, one each from severe liver injury, duodenopancreatic injury and generalised peritonitis.

The spleen and liver were the most commonly injured solid organs, consistent with other reports. Because of chronic malaria in the tropics, the majority of spleens are enlarged and more fragile than normal. These enlarged spleens are prone to injury even with trivial trauma.

In Nigeria blunt trauma to the abdomen is a cause of morbidity and mortality that commonly affects the young. Road traffic accidents were the cause of injury in the majority of our patients, similar to reports from other centres in Nigeria. Bad roads, overloading, poor vehicle maintenance and failure to observe and enforce road safety regulations are some causes of injuries on our roads. Assault and civil strife are becoming rampant in many Nigerian towns and cities, and are responsible for many cases of abdominal trauma.

 Provision of good roads, enforcement of traffic regulations, and peaceful coexistence among the populace will go a long way towards decreasing these injuries.

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