

A RETROSPECTIVE STUDY OF LARGE INTESTINAL INJURIES AT HERAT REGIONAL HOSPITAL

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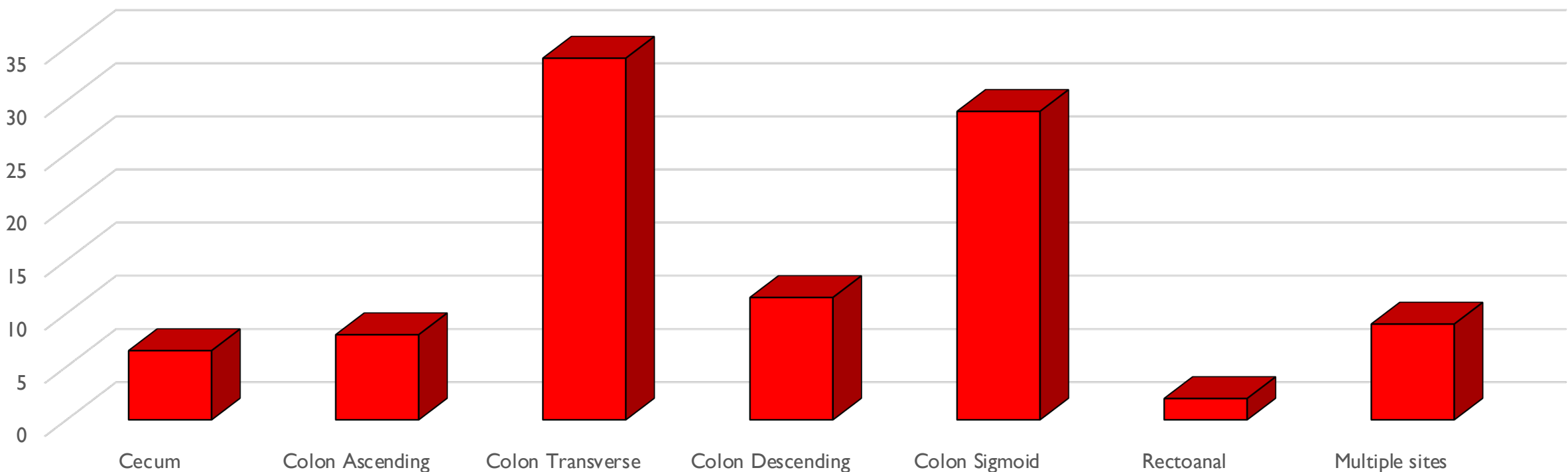
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Introduction: large intestinal injuries are common in war-torn countries like Afghanistan. Herat Regional Hospital is the only tertiary referral hospital in the western region of Afghanistan that accepts these patients from 4 cities around it. In low-resource settings, large intestinal injuries seem to have significant complications and different pathophysiology due to the presence of many problems, such as lack of resources, lack of transportation, and lack of rehabilitation centres. Therefore, we focused on the incidence, complications, and pathophysiology of large intestinal injuries in Herat Regional Hospital to determine the differences between low and high-resource settings.

Materials and methods: It was a retrospective study that lasted one year (2019). 58 patients came to the emergency department of Herat Regional Hospital with the diagnosis of large intestinal injury. The data was collected using patients' files and analysed with SPSS 14.

Results: The oldest patient was 72 years old, and the youngest was four years old. Penetrating trauma accounts for 76% (including 53% due to gunshot and 23% due to stab wounds), and blunt trauma accounts for 24% (including RTA with 17%). Most sites were the transverse colon 33.93%, followed by the sigmoid colon 28.57%, and the last site was the rectum 1.79%. Grade 1 injury was present in 28.57%, grade 2 in 33.93%, and grade 3 in 37.5% of patients. According to surgical procedures, the most common procedure was primary repair (37.5%), and the least common procedure was DCL, 1.79%. In this research, only 5.36% of patients received primary care before arriving at the emergency department.

Figure 1: Shows the large intestinal injuries according to locations



Conclusion: In this research, primary anastomosis was ideal procedure for intestinal injuries in grades 1 and 2. Pathophysiology and causes of injuries were found to be different in low and high-resource settings. We have found that rehabilitation before surgery has a better outcome. Although we assume complications might significantly differ between low and high-resource settings, they were almost identical.