

ORAL PRESENTATION

Open Access

Trends of cardiothoracic trauma at new trauma centre

P Mhandu*, S Chaubby, D Robb, M Uzzaman, H Khan, D Whitaker

From 23rd World Congress of the World Society of Cardio-Thoracic Surgeons Split, Croatia. 12-15 September 2013

Background

To analyse the demographics, types and mechanisms of injury, management and outcomes of all cardiothoracic trauma during the first year of a South London Major Trauma Centre in comparison to national standards.

Methods

A retrospective analysis of a trauma database in conjunction with electronic patient records and paper notes for the 12 month period April 2010 to March 2011.

Results

Of 1556 trauma patients, 254 had cardiothoracic trauma. 90% (228/254) were male and 10% (26/254) were female. Median age of all patients was 26 (range 1-91). 57% (145) were penetrating injuries mainly knife wounds (128) and gunshots (10). 43% (109) were blunt injuries (90 high and 19 low velocity). The actual injuries are detailed with rib fractures (35%) and pneumothorax (30%) the commonest and cardiac (5%) and diaphragm (3%) injuries the least common. 48% (121) of all cases had isolated thoracic injury, with 52% (133) being multiply injured. Of those multiply injured 36% (48) had head injuries, 65% (87) had orthopaedic injuries and 32% (43) had abdominal injuries. Operative and non-operative management is described in detail. Of the 15 patients requiring cardiothoracic surgery, 6 had a clamshell incision, 5 posterolateral thoracotomy, 2 median sternotomy and 1 thoracoscopy. Overall mortality was 3.5% (9/254). Operative mortality was 13% (2/15). Median length of stay was 4 days.

Conclusion

Despite a higher incidence of violent penetrating trauma compared to the national average of 2% of all thoracic trauma, the pre hospital care and in hospital multidisclipinary approach with resident cardiothoracic care results in a favourably low mortality.

Published: 11 September 2013

doi:10.1186/1749-8090-8-S1-O74

Cite this article as: Mhandu et al.: Trends of cardiothoracic trauma at new trauma centre. Journal of Cardiothoracic Surgery 2013 8(Suppl 1):O74.

Submit your next manuscript to BioMed Central and take full advantage of:

- Convenient online submission
- Thorough peer review
- No space constraints or color figure charges
- Immediate publication on acceptance
- Inclusion in PubMed, CAS, Scopus and Google Scholar
- Research which is freely available for redistribution

Submit your manuscript at www.biomedcentral.com/submit



^{*} Correspondence: pmhandu@icloud.com Kings College Hospital, London, UK

