

Developing Trauma in Developing Nations: A Blunt Abdominal Trauma in Kibogora, Rwanda



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Background

- Many guidelines exist to help coordinate medical equipment donation. However, continued effort and increased awareness are required for success. (2)
- Open communication with needs assessments and other tools can help increase efficiency. (1)

Purpose

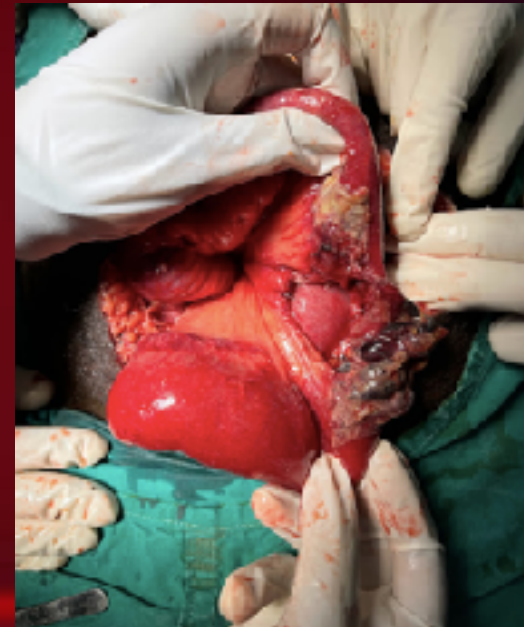
- Increase awareness for need of supplies in underserved countries

Patient information

- 37 yo M with unknown PMH presents after a MCC with blunt abdominal trauma
- Presented to traditional healer than OSH and transferred for increasing abdominal pain
- CXR neg, WBC 6, H/H 16/52
- Fast positive for free fluid in pelvis

Treatment Course

- Taken to the operating room for exploratory laparotomy
- Noted a bucket handle injury in the jejunum. Resected and performed an end to end anastomosis.
- Fascial defect with surrounding necrosis noted at the left inferior abdominal wall. Resected and closed primarily.
- NPO, NG, IVF, and antibiotics in the ICU



Outcomes

- Dyspnea, saturation in low 90%
- Tachycardic to 140s
- Found without a pulse 12:30AM

Discussion

- No vital monitors in ICU
- Possible cardiac injury
- How can we help?

References

1. McDonald S, Fabbri A, Parker L, Williams J, Bero L. Medical donations are not always free: an assessment of compliance of medicine and medical device donations with World Health Organization guidelines (2009-2017). *Int Health*. 2019 Sep 2;11(5):379-402. doi: 10.1093/inthealth/ihz004. PMID: 30916303.
2. Marks IH, Thomas H, Bakhet M, Fitzgerald E. Medical equipment donation in low-resource settings: a review of the literature and guidelines for surgery and anaesthesia in low-income and middle-income countries. *BMJ Glob Health*. 2019 Sep 29;4(5):e001785. doi: 10.1136/bmjgh-2019-001785. PMID: 31637029; PMCID: PMC6768372.

A) Burn mark on L chest. B) Jejunal bucket handle injury.

