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Management of duodenal injuries

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MANAGEMENT OF DUODENAL INJURIES

IN BRIEF

With most of the duodenum protected deep within the ana-

topic confines of the retroperitoneum, injuries to this organ are uncommon but not rare. These injuries represent approximately 4% of all abdominal injuries. However, because of difficulties with initial assessment, establishment of the diagnosis, and, occasionally, management, the morbidity and mortality rates associated with injuries of the duodenum approach 65% and 20%, respectively.

The first successful repair of a duodenal injury after blunt trauma was reported by Herczel in 1896. It was 1901 before Moynihan repaired a penetrating duodenal injury; he performed a gastrojejunostomy in a patient who lived for 104 days. With subsequent improvements in anesthesia, antibiotic therapy, and surgical techniques, significant decreases in operative morbidity and mortality rates have been reported.

The experiences of American military surgeons from the American Civil War through the Korean and Vietnam conflicts have contributed to our understanding of duodenal injuries. World Wars I and II, in particular, provided surgeons the opportunity to improve the care of many battlefield casualties.

The incidence of duodenal injuries is related to the geographic setting of the traumatic incident (i.e., urban or rural). Penetrating trauma accounts for 78% of all duodenal injuries, whereas blunt trauma accounts for 22%. Retroperitoneal duodenal ruptures caused by blunt trauma occur only rarely.

The morbidity and mortality associated with duodenal injuries are increased with associated injuries of the liver, pancreas, small bowel, and colon. The most commonly injured vascular structures are the inferior vena cava and the abdominal aorta. These associated injuries result in particularly high mortality from the resulting exsanguinating hemorrhage.

The second portion of the duodenum is injured more often than any other portion and poses greater technical difficulties for surgical management. Injuries affecting multiple portions of the duodenum

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