Summary

Abdominal trauma may result in a variety of intra-abdominal and retro-peritoneal injuries ranging from innocuous to life-threatening. Nowadays, most of trauma centers allover the world rely upon physical examination, focused assessment with sonography for trauma (FAST), diagnostic peritoneal lavage (DPL), and computed tomography (CT).

Injury to intra-abdominal viscera must be excluded in all victims of blunt abdominal trauma (BAT). Physical examination remains the initial step in diagnosis but has limited utility under select circumstances (e.g. altered mental status or spinal cord injury). Thus, various diagnostic modalities have evolved to assist the trauma surgeon in the identification of abdominal injuries. The specific tests selected are based on the clinical stability of the patient, the ability to obtain a reliable physical examination and the provider's access to a particular modality. It is important to emphasize that many of the diagnostic tests utilized are complementary rather than exclusionary

A reasonable diagnostic approach to BAT is summarized in:-

In hemodynamically stable patients with a reliable physical examination, clinical findings may be used to select patients who may be safely observed. In the absence of a reliable physical examination, the main diagnostic choice is between CT or FAST (with CT in a complementary role).

CT has become integral to the management of patients with blunt abdominal trauma; particularly those are hemodynamically stable patients. The accuracy of CT is comparable to DPL in detecting hemoperitonium, but superior in determining the location and severity of the injury in hemodynamically stable patients.

In hemodynamically unstable patients may be initially evaluated with FAST or DPL.