

NEW TECHNIQUE FOR THE MANAGEMENT OF DUODENAL INJURIES

Pages with reference to book, From 120 To 121

Sir,

During a 3 years period (April 1983 to March 1985), 8 patients with duodenal injury (Table) were managed operatively in the South Surgical Unit of Mayo Hospital. Duodenal perforation were repaired in 7 patients while in 1, who had a duodenal wall haematoma was treated expectantly. Nasojejunal feeding tube were introduced at operation in 7 patients in addition to nasogastric tubes for decompressing the stomach. Two of these patients developed Fistulae which closed spontaneously while the patients were maintained on jejunal feeding. A nasojejunal tube was introduced under radiological control after the development of a duodenal Fistula in 1 patient. In this patient the Fistula also closed spontaneously while jejunal tube feeding was maintained. One other patient with duodenal and inferior vena caval tear died as a result of secondary haemorrhage which coincided with the development of a duodenal Fistula. A nasojejunal tube was not used in this patient.

Table. Follow up of Patients with Duodenal injury.

No.	Age/Sex	Hours after Injury	Nature of Injury	Description of duodenal lesion	Associated Injuries	Use of N.J. tube	Fistula	Final result
1.	20 M	48	Blunt	2.5 cm tear junction II - IIIrd parts	--	At operation	+	Recovered
2	25 M	05	Stab	tear III rd part	tears in trans colon	"	-	"
3	12 M	24	Blunt	?	--	Post operative after fistula developed	+	"
4	45 M	12	Stab	7.5 cm tear D.J. flexure	Jejunal tears, ascending colon, tear IVC	No tube used	+	Died
5	18 M	02	Blunt	Haematoma IIInd part	Liver laceration	At operation	-	Recovered
6	18 M	12	Stab	tear IVth part	tears in stomach	At operation	-	"
7	20 M	05	Blunt	2.5 cm tear IIInd part		At operation	-	"
8	60 M	72	? Following Laparotomy	1 cm perf. 1st part	--	At operation	+	"

The use of a nasojejunal passed at the time of surgery in duodenal injury is proposed. It patients with

Fistulae, to maintain tube feeding while awaiting spontaneous closure.

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