

Abstract:

Introduction:

Major pancreaticoduodenal injury can be devastating even if identified and controlled early. The incidence of these injuries is between 5-7 %. However, this seems to be rising for both blunt and penetrating etiologies. Operative strategies for these injuries are challenging and may include drainage procedures and/or temporising procedures in the context of damage control surgery for trauma. Pancreaticoduodenectomy remains a formidable undertaking with a resistant mortality of 31-50% despite advancements in surgical technique and intensive care medicine.

Case Report:

A 28 year old female patient was referred from the emergency department for a self-inflicted stab injury to the epigastrium. Her admitting vital signs were stable and her haemoglobin level was 12 mg/dl. Subsequent laparotomy revealed a combined pancreaticoduodenal injury with almost complete transection at the pancreatic neck. This warranted a trauma Whipple's procedure. Though a formidable undertaking, the patient had an uneventful recovery and was discharged 10 days later. After 18 months she continues to do well and has had no surgical related problems. This case serves to highlight the importance of a careful examination of these rare but complex injuries. In addition, it validates the AAST classification of pancreatic injuries in aiding decision making in a logical and expeditious manner in critically ill trauma patients.

Discussion:

The role of the trauma Whipple is reviewed in relation to the published literature and the assessment of these injuries at laparotomy is reiterated.

Conclusion:

Pancreaticoduodenectomy is reserved for extremely complex pancreaticoduodenal injuries. An understanding of the classification of these injuries helps to standardise these injuries and guide surgical treatment strategies. In the hemodynamically stable patient the trauma Whipple is a viable option.