



Pancreatic trauma

Situation

A patient suffered a significant pancreatic injury as part of multiple trauma and sadly died. Everything was done that could have been done but review of the case highlighted how challenging such injuries can be.

Background

Pancreatic trauma is rare: occurs in about 4% of patients with abdominal injuries. It is associated with significant morbidity and mortality because of the close relation to major vasculature and is associated with other intra-abdominal injuries in over 90% of cases.

Damage to the main pancreatic duct occurs in 15% - identification crucial as it requires reconstruction by an HPB surgeon. Delay in recognition of injuries of the duct increases morbidity.

Serum amylase is not reliable for ruling out significant injury.

Early CT will miss pancreatic injuries & there should be a low threshold for re-imaging if there is clinical concern.

Assessment

Follow the usual pathways for network referral (www.wymtn.com) If there is specific concern for pancreatic injury discussion with the Upper GI or Pancreatic Surgeon on call at SJUH is mandatory (adults) or Paediatric Surgeon at the LGI (children).

Recommendation

Ensure you are familiar with the networks guidance on abdominal injuries which has been revised with an additional section on pancreatic injury. Further reading:

Eastern Association for the Surgery of Trauma

<https://www.east.org/education/practice-management-guidelines/pancreatic-trauma-diagnosis-and-management-of>

R Lahiri, S Bhattacharya Annals of the RCS 2013

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Jon Jones, West Yorkshire Major Trauma Network Clinical Lead
LTHT Major Trauma QI Lead