Survival Fight of a Teen With Polytrauma, Severe Head Injury, Gr-V Liver Injury Followed By ARDS, Managed in a Rural Hospital of Andaman, India: Perseverance Gives Possibilities Even With Limited Resources

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ABSTRACT
This article describes how the liver is one of the most commonly injured organs in the abdomen, especially in road traffic accidents. Patients do present with polytrauma and those who are hemodynamically unstable have a high morbidity and mortality, even in advanced hospital settings. Following is the case report of a 17-yr. old boy, who was involved in a road traffic accident with polytrauma, presented to a tertiary care hospital in a remote island, with Grade IV-V liver injury and developed ARDS in post-operative period. The patient was managed successfully and discharged.

KEYWORDS
Andaman, ARDS, Grade V liver injury, India, Polytrauma, RTA

INTRODUCTION
The liver is the second most frequently injured organ during abdominal trauma, especially in road traffic accidents, followed by spleen (Ahmed, 2014); however, it is the most leading cause of death following abdominal injury. The relatively fixed position of the liver with its large size, thin capsule and friable parenchyma makes liver more prone to blunt abdominal injuries (Doklešić, Đukić, Ivančević, Gregorić, Lončar, Stefanović & Karamarković, 2015). The severity of liver injuries is classified according to the American Association for the Surgery of Trauma (AAST) grading, which is considered as a gold standard. There is a paradigm shift in the management of liver trauma due to progress in the diagnostic and therapeutic innovations (Ahmed & Vernick, 2011). The majority of patients with liver trauma present with grade I, II or III liver injuries (Haemodynamically stable), which can be successfully treated with non-operative management. In contrast, almost two-thirds of patients present with grade IV or V liver injuries (Haemodynamically unstable), which require operative management (Laparotomy) (Coccolini, Catena, Moore, Ivatury, Biffl, Peitzman, & Ceresoli, 2016). The recent revolutionised trend in management of liver injuries is the damage control concept,

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