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In the study period 306 patients were admitted to our institution for a renal trauma, of whom 151 were identified with a high grade injury, including 124 (82%) grade IV and 27 (18%) grade V. The majority of cases were accidents due to a physical activity (77%), generally winter sports, and occurred in men (82%) with a median age of 24 (IQR 19 – 37).

High Grade Blunt Renal Trauma: Predictors of Surgery and ...

MATERIALS AND METHODS: From January 2004 to March 2015 we prospectively collected data from all patients admitted to our institution for high grade blunt renal trauma (grades IV and V). Nonoperative management was considered successful when patients

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did not undergo surgical exploration, regardless of angioembolization or endoscopic treatment.

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High Grade Blunt Renal Trauma: Predictors of Surgery and ...

MSCT in Non-operative Management of High Grade Blunt Renal Trauma, a Prospective Study

INTRODUCTION. In management of renal trauma, current concepts tend to promote the use of conservative management and... Methods:. The hemodynamically stable patients were evaluated by MSCT scan of the chest, ...

MSCT in Non-operative Management of High Grade Blunt Renal ...

Up to 10% of patients with abdominal trauma have renal trauma and greater than 90% of those are due to blunt injuries. Approximately 25% of blunt renal injuries are high-grade injuries, meaning grade IV or grade V injuries [1, 2]. Historically, high-grade injuries were managed operatively, which leads to nephrectomy in most cases.

Successful Nonoperative Management of High-Grade

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Blunt ...

The rarity of renal trauma limits its study and the strength of evidence-based guidelines. Although management of renal injuries has shifted toward a nonoperative approach, nephrectomy remains the most common intervention for high-grade renal trauma (HGRT). We aimed to describe the contemporary management of HGRT in the United States and also evaluate clinical factors associated with nephrectomy after HGRT.

Contemporary management of high-grade renal trauma

...

Blunt trauma kidney injuries may show no outside signs. Or bruises may be seen over the back or abdomen where the kidneys are. Penetrating Trauma. Penetrating kidney trauma may be suspected when there ' s a wound from a knife, bullet or other object that has pierced the skin. But sometimes these wounds may be small or hard to find. Also, sometimes the skin wound is far away from the kidney.

Kidney (Renal) Trauma: Symptoms, Diagnosis & Treatment ...

Renal trauma can cause injury to the parenchyma or renal vessels, causing bleeding, or injury to the collecting system with urine extravasation. Among genitourinary (GU) tract injuries, which are rare, the kidneys are most commonly injured. Overall, approximately one-fourth of solid organ injuries are due to renal trauma [ 1 ].

UpToDate

Abnormal kidneys that were found in 7% of the patients

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with blunt renal trauma are frequently injured by low-velocity impacts; nevertheless, contrast studies should be generously indicated, since the management of abnormal kidneys unmasked by trauma is largely dependent on the type of pathology. 39 Schmidlin and colleagues found that pre-existing kidney abnormalities included hydronephrosis (38%), cysts (17%), tumor (7%), ectopic kidney (7%) and others (31%). 39 According to a computer ...

Renal trauma: the current best practice - Tomer Erlich ...

grade IV renal injury places the patient at risk for developing hypertension due to a decrease in the renal blood flow or secondary to compression of the renal vessels (see Page kidney), leading to an activation of the renin-angiotensin system

AAST kidney injury scale | Radiology Reference Article ...

The diagnosis of a high-grade renal injury should be suspected in any patient after blunt trauma with one or more of the following findings: Microscopic hematuria with hypotension (systolic pressure <90 mmHg)

Renal Trauma - Injuries; Poisoning - MSD Manual ...

In hemodynamically stable pediatric patients with high-grade (AAST III-V) renal injuries from blunt trauma and ongoing or delayed bleeding (P), should angioembolization (I) versus surgical intervention (C) be performed to decrease incidence of renal loss, blood transfusion, and complications.

Pediatric Blunt Renal Trauma - Practice Management

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In many recent studies, high success rates have been obtained with NOM, which includes conservative management and AE, of patients with high-grade blunt renal trauma [1-4]. NOM is therefore gradually becoming the recommended clinical treatment for high-grade blunt renal trauma, particularly in the case of hemodynamically stable patients.

Arterial embolization in patients with grade-4 blunt renal ...

Conservative management of high grade (grade III – V based on the American Association for the Surgery of Trauma [AAST] grading system) blunt renal trauma in adults and children is becoming more common 2, 3.

Management of paediatric high grade blunt renal trauma: a ...

Abstract. Current management of high-grade blunt renal trauma favors a nonoperative approach when possible. We performed a retrospective study of high grade blunt renal injuries at our level I trauma center to determine the indications and success of nonoperative management (NOM). 47 patients with blunt grade IV or V injuries were identified between October 2004 and December 2013.

Successful Nonoperative Management of High-Grade Blunt ...

Objective To report the management and outcome of paediatric patients sustaining high grade blunt renal trauma. Patients and Methods Medical records were examined for all American Association for t...

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Management of paediatric high grade blunt renal trauma: a ...

Conclusion: The literature supports application of conservative management protocols to high-grade blunt pediatric renal trauma. Criteria for early operative intervention are not well understood. At this time, emergent operative intervention only for hemodynamic instability is recommended.

Management of pediatric blunt renal trauma: A systematic ...

patients sustaining high-grade blunt renal trauma.

Patients and Methods Medical records were examined for all American Association for the Surgery of Trauma (AAST) grade III – V blunt renal trauma cases admitted to a paediatric trauma centre from 2005 to 2015. Data collected and analysed included: demographics, imaging modalities, management ...

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