INTRODUCTION

Trauma is the leading cause of death and disability in children. More than 90% of pediatric trauma admissions are the result of a blunt mechanism. Although injury to the abdomen and pelvis account for only 10% of injuries sustained by victims of pediatric trauma, they can be potentially life threatening. Optimal evaluation of the injured child may require the use of multiple diagnostic modalities. The spleen is the most frequently injured intra-abdominal organ, followed by the liver, intestine, and pancreas. (1)

CASE PRESENTATION

A 4-year-old son was referred to our department complaining of a painful abdomen who fell from a height (4 m) and presented with abdominal pain, and tachycardia. Ultrasoundography showed free fluid in the abdominal cavity. The patient followed by tachycardia and hypotension was taken to the operating room for laparotomy. In operation room, we were performed classical splenectomy. In follow up, there was no problem especially there was no signs and symptoms of sepsis.

DISCUSSION

Injuries to the abdominal aorta as a result of blunt trauma in children are extremely rare (2). Nonoperative management of blunt splenic trauma is widely accepted; however, reported failure rates have ranged as high as 40% (3).

Overwhelming postsplenectomy infection occurs in about 0.6% of children and 0.3% of adults. The role of splenic re plantation in those patients requiring operative splenectomy needs further study but may provide significant long-term splenic function (4).

According to the study, Ali, the greatest number of children with blunt trauma spleen were treated with drug therapy (5). Our patient because of hemodynamic...
instability, and life-threatening conditions were set for surgery. One of the most common and dangerous complication after splenectomy in children was sepsis (6). Fortunately, in our patient did not create this problem.

REFERENCES