A clinical case of gunshot shrapnel penetrating wound of the chest with injury to the inferior vena cava with migration of a foreign body along the blood stream

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Key words: gunshot wounds, inferior vena cava, bleeding.

Materials and methods. A case of a gunshot fragment wound of the inferior vena cava with migration of the foreign body along the blood stream was studied. An injured person underwent sCT with and without contrast, FAST protocol, general blood test, biochemical blood test, CBV was determined using the formula of Moore, hourly diuresis was measured.

Results. The patient was operated on for vital signs, the condition of the injured person was stabilized. During the revision of the abdominal cavity and paranephric tissue, no foreign body was identified. In the immediate postoperative period, the injured person underwent chest and abdominal CT, according to the data of that, a metal fragment was identified, which migrated along the inferior vena cava to the point of connection with the right atrium.

Conclusions. Fire damage to the inferior vena cava is classically accompanied by a severe general condition, massive blood loss, which requires urgent surgical interventions. Multi-component preoperative preparation, a clearly established diagnostic plan, a multidisciplinary approach based on the example of our clinical case allow saving life even in the most complex cases.

Damage to the major vessels in a retroperitoneal trauma belongs to the category of the most difficult, including damage to the inferior vena cava.

The aim of the work is to demonstrate the features of clinical manifestations and tactical solutions of a gunshot fragment blind wound of the inferior vena cava with the migration of a foreign body along the blood stream.

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Ключові слова: вогнепальні поранення, нижня порожниста вена, крововтрата.

Клінічний випадок вогнепального осколкового проникного поранення грудної клітки з ушкодженням нижньої порожнистої вен з міграцією стороннього тіла по кровоносному руслу

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Пошкодження магістральних судин заочеревної травми належить до категорії найскладніших, зокрема й пошкодження нижньої порожнистої вени.

Мета роботи – демонстрація особливостей клінічних проявів і тактичних рішень вогнепального осколкового спільного поранення нижньої порожнистої вени з міграцією стороннього тіла за током крові.

Матеріали та методи. Визначили випадки вогнепального осколкового проникного поранення нижньої порожнистої вени з міграцією стороннього тіла за током крові. Пораненому виконали СКТ із контрастуванням та без нього, FAST протокол, загальний і біохімічний аналіз крові, визначили ОЦК за допомогою формули Мурда, погодинний діурез.

Результати. Здійснили операційне втручання за життєвими показаннями, стан пораненого стабілізовано. Під час ревізії черевної порожності та паранефральної клітковини стороннє тіло не ідентифіковано. У післяоперативному періоді відразу пораненому повторно виконали СКТ органів грудної клітки та черевної порожнини, у результаті ідентифіковано металевий осколок, що мігрував по нижній порожнистої вені до місця з'єднання з правим передсердям.

Висновки. Вогнепальні пошкодження нижньої порожнистої вени зазвичай супроводжуються тяжким загальним станом, масивною крововтратою, що спричиняє здійснення термінових оперативних втручань. Багатокомпонентна передопераційна підготовка, чітко встановлений діагностичний план, мультидисциплінарний підхід на прикладі клінічного випадку, що описали, дають змогу зберегти життя навіть у таких найскладніших відомих випадках.
The changing nature of warfare and the use of personal protective equipment have a significant impact on the number and type of sanitary losses. During the local wars and armed conflicts of the last decades, the tactics of conducting hostilities have changed: missile and bomb strikes, raiding of the area are more often used, the conduct of motor vehicle or human convoys through enemy territory is considered as a type of operations accompanied by the sanitary losses from the enemy attack or detonations on mines, in connection with which the structure of combat surgical trauma has changed. In recent years, both types of explosive devices used in military conflicts and the nature of combat wounds from them have changed [1]. The use of mines, improvised explosive devices, and new types of heavy-energy weapons has become a characteristic feature of modern military conflicts. A change in the tactics of conducting an armed conflict with the transition from a maneuverable war to a remote character of fighting, the use of new-generation weapons with new ballistic characteristics, and new deadlines for delivering the wounded to a level of medical care has led to a change in the mechanism and severity of injuries [2].

In the authors’ opinion, evacuation of wounded persons to a medical institution with available specialized surgical care from the line of contact with the enemy, the involvement (use) of a multi-component examination (chest and abdominal CT, abdominal CT angiography, ultrasound of the abdomen and retroperitoneal space, chest and abdominal cavity organs (OAC) RG, a multidisciplinary approach to treatment of a wounded person with a gunshot injury of the inferior vena cava, demonstrates practical feasibility, uniqueness and variety of injuries.

The paper demonstrates a diagnostic algorithm not only as an example of highly specialized surgical care for the wounded in the Navy, but also shows the high quality of medical care provided in the Armed Forces Navy. In our report, we present a clinical case of a wounded Sh., 35 years old, with the following diagnosis: combined gunshot wound of the head, chest, abdomen, upper and lower extremities from 06.10.2022. Penetrating wound of the left temporal area with a gunshot fracture of the left temporal bone of the head, frontal horn, paraorbital hematoma on the left; conjunctival chemosis in the left eye. Thoracoabdominal wound on the right with damage to the middle and lower lobe of the right lung, diaphragm, retroperitoneal hematoma on the left with the presence of a foreign body (a metal fragment) in the left renal vein and its migration with the blood flow into the inferior vena cava. Hemopneumothorax on the right. Pneumomediastinum. Hydropericardium. Subcutaneous emphysema. Penetrating wound of the right shoulder with a gunshot fracture of the right humerus. Blunt injury to the right hip with a gunshot fracture of the greater trochanter of the right femur with a damage to the right femoral artery and the presence of a free foreign body in the pelvis (a metal fragment). Blunt injury to the penis body. Blunt and penetrating wounds of the soft tissues of the right forearm and hand, left thigh and both shins.

With continuous hostilities, the expediency of demonstrating the option of surgical treatment for wounded and injured with damages to the inferior vena cava remains at a high level, as it is one example of this type of damage treatment.

Aim

The aim of the clinical case is to demonstrate the features of clinical manifestations and tactical decisions in case of a gunshot shrapnel wound of the inferior vena cava with the presence of a foreign body in the vessel lumen.

Clinical case

A wounded Sh., 35 years old, was admitted to the Military Medical Clinical Center of the Northern Region (MMCC NR) CMF of the Armed Forces of Ukraine in a serious condition to N. M. Rich et al., who analyzed traumatic injuries in the Vietnam war, combined injuries of vessels and nerves were in 42.2 % of the wounded, vessels and bones – in 28.5 %, injuries to veins accounted for 37.7 % of all vascular injuries [8–10].

Gunshot wounds with damage to organs and vascular structures of the retroperitoneal space are an extremely rare and very difficult problem that a surgeon must solve in a matter of moments to save life of the wounded. Damage to the major vessels due to abdominal trauma belongs to the most difficult category, including damage to the inferior vena cava [11–13]. Lethality in case of damage to the suprarenal and retrohepatic part of the inferior vena cava is 100%, suprarenal and renal – 60.6 %, infrarenal – 30.6 %.

Special attention should be paid to gunshot injuries of the inferior vena cava. These injuries, in combination with damages to the abdominal organs, lead to a high mortality rate of 86 % [14]. The clinical picture of a wounded with a damage to the inferior vena cava requires a specific, narrowly focused (or defined) algorithm of the diagnostics and differential diagnosis by a military surgeon or a civilian surgeon during the treatment of a wounded with damage to the specified anatomical structure of the human body.
Chest, abdomen, upper and lower limbs from 06.10.2022. Penetrating wound of the left temporal area with a gunshot fracture of the left temporal bone of the inferior orbital wall, paraorbital hematoma on the left. Conjunctival chemosis in the left eye. Thoracacoabdominal wound on the right with damage to the middle and lower lobe of the right lung, diaphragm, retroperitoneal hematoma on the left with the presence of a foreign body (a metal fragment) in the left renal vein. Hemopneumothorax on the right. Pneumomediastinum. Hydropericardium. Subcutaneous emphysema. Penetrating wound of the right shoulder with a gunshot fracture of the right humerus. Blunt injury to the right hip with a gunshot fracture of the greater trochanter of the right femur with a damage to the right femoral artery and the presence of a free foreign body in the pelvis (a metal fragment). Blunt injury to the penis body. Blunt and penetrating wounds of the soft tissues of the right forearm and hand, left thigh and both shins. Operations (October 6, 2022): primary surgical treatment (PST) of wounds, thoracentesis on the right, drainage of the pleural cavity according to Bülaü, mediastinotomy, drainage of the abdominal cavity. PST of the gunshot wound of the left cheek. Zygomatic areas, open reposition of the upper and lower jaws on the left and the left zygomatic bone with metal osteosynthesis (MOS) titanium miniplates and minimesh. Secondary surgical treatment (SST) of gunshot wounds of the right thigh and left shin. PST of gunshot wounds of the right shoulder. SST of the right humerus fracture with a rod external fixation device (EFD).

During the surgical intervention in the paranephric tissue on the left, a metal fragment was not identified. In the postoperative period, we performed a control CT scan of the chest and abdominal organs: the metal fragment migrated along the inferior vena cava to the point of connection with the right atrium (Fig. 2).

The wounded man was transferred to SI "Zaitsev V. T. Institute of General and Emergency Surgery of the National Academy of Medical Sciences of Ukraine", where he underwent sternotomy, pericardiotomy, removal of the foreign body (the metal fragment) using a magnetic flexible device to remove ferromagnetic foreign bodies from the mouth of the inferior vena cava, pleural and pericardial drainage (Fig. 3).

Later, the wounded man was transferred to the MMCC NR CMF of the Armed Forces of Ukraine for further treatment. On the 14th day, he was submitted to the military medical commission and discharged to the unit with a sick leave for 30 calendar days.

Results

Our clinical case was delivered to the Medical Military Clinical Center of the NR from the previous stage of the forward surgical group (FSG) of the area of responsibility within 4 hours by an ambulance.
Multidisciplinary assessment of the nature and features of the injury. The patient was operated on for vital signs. Taking into account the seriousness of the general condition, instrumental monitoring methods were used urgently in the preoperative algorithm of the examination, the FAST protocol, general blood tests, biochemical blood analysis, CBV determination using the formula of Moore, and hourly diuresis included. In parallel with the diagnostic procedures, there was preparation – stabilization of the serious condition of the wounded in the form of puncture of the subclavian vein, antibiotic prophylaxis, analgesia in order to combat the phenomena of hemorrhagic shock, infusion of erythrocyte mass and FSG. On 06.10.2022, operative intervention was carried out for vital signs, the condition of the injured person was stabilized. On 07.10.2022, in order to prevent fat or thromboembolism, PST of the wound was performed, as well as the right humerus fracture fixation with a rod of the EFD, open reposition of the upper and lower jaws on the left and the left zygomatic bone, MOS with titanium miniplates and a minimesh. There were no signs of peritonitis. During the revision of the abdominal cavity and paranephric tissue, no foreign body was identified. Therefore, in the postoperative period, the wounded person underwent a CT scan of the chest and abdominal cavity. According to the CT scan data, the metal fragment was identified. It migrated along the inferior vena cava to the place of connection with the right atrium.

After the approval of the leadership of the MMCC of the Republic of Poland, the wounded man was transferred to SI “Zaitsev V. T. Institute of General and Emergency Surgery of the National Academy of Medical Sciences of Ukraine”.

Discussion
Considering the high mortality in gunshot wounds of the inferior vena cava, the presence of foreign bodies inside the vessel lumen is a rare clinical case [10,11]. Migration of the foreign body – the fragment of gunshot origin in the direction of blood flow, was clinically asymptomatic in this case. Contrast methods for the vascular system examination did not give a clear localization of the foreign body. Performing the second CT scan after the surgery made it possible to determine its location and perform the second surgical intervention with a different approach in order to extract it.

Conclusions
1. Fire damage to the inferior vena cava is classically accompanied by a severe general condition, massive blood loss, and requires urgent surgical interventions which should be performed by experienced and highly qualified surgeons, in the best case – by vascular surgeons with experience in stopping bleeding in case of gunshot damage to the major vessels.
2. Multi-component preoperative preparation, clearly established diagnostic plan, multidisciplinary approach on the example of our clinical case make it possible to save life even in the most complicated cases.

Conflicts of interest: authors have no conflict of interest to declare. Конфлікт інтересів: відсутній.
References


