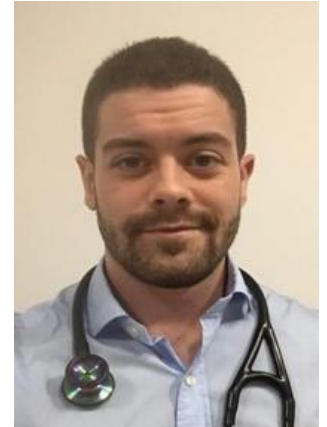


Title : The Rectus Sheath Haematoma: An Emerging Trend In Silver Trauma

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Abstract:

Life expectancy has more than doubled in the last century, and a new cohort of elderly and increasingly frail patients is presenting to emergency departments with new clinical challenges. When this patient cohort presents after injury, all aspects of clinical practice have to be recalibrated to provide safe and appropriate care. The prevalence of chronic disease, levels of organ failure, multiple comorbidities, greater use of anticoagulation and incidence of recurrent low- and high-impact trauma may delay and obscure diagnosis and, ultimately, increase mortality.

The data are unambiguous on the scale, clinical consequences and fiscal implications of the developing silver trauma endemic. Some emerging trends are appearing in this neoteric patient group.

Older age is a risk factor for rectus sheath haematoma (RSH), which is haemorrhage into the potential space surrounding the rectus abdominis muscle/s. It is a rare presentation following trauma but can provide diagnostic challenges and be fatal. There is strong evidence to suggest that rectus sheath haematoma prevalence is on the rise and becoming a disease of the elderly. Elderly physiology, co-morbidity, falls and polypharmacy with particular respect to a greater use of anticoagulants have been implicated.

Even more rare is the bilateral RSH with only 12 reported in the literature since 1981. This case report describes a bilateral RSH presenting in an elderly woman following a fall and the consequences of seemingly minor trauma in the elderly. This unique case highlights some important implications for future practice and allows holistic discussion of modern healthcare provision in the face of a changing population.

We will look at the population, silver trauma and rectus sheath data and pay particular attention to the clinically divergent, elderly trauma patient and adaptations to usual care required. Finally we will discuss the rectus sheath pathophysiology and explain its increasing prevalence and especially so in the elderly cohorts with new observations not previously discussed in the literature.

Biography:

I am an anaesthetic and intensive care registrar currently working in the West Midlands- UK. I have a BSc (Hons) degree in diagnostic radiography from Birmingham City University and I completed my medical degree at the University of Leeds. I have worked as a resident doctor in the Yorkshire area for two years before, a year in the Isle of Man and have been working as an anaesthetic registrar in the West Midlands area for the last three years. I have a keen interest in medical education, anaesthetic and intensive care medicine and impactful research.