

# MANAGEMENT OF GUNSHOT THORACIC INJURIES

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**PURPOSE** To review the experience of two Thoracic Surgical Departments (one from a base military hospital and another from a major civilian Trauma centre) in dealing with Thoracic Injuries caused by firearms (TIf)

**MATERIAL & METHOD** Retrospective review of 39 consecutive cases of TIf, admitted between June 1991 and August 1998. Median age 28. Male were 32. The TIf was located on the left side in 27, on the right side in 11 and bilaterally in 1 case.

**RESULTS** Twenty-five patients were treated surgically.

- One patient underwent Emergency Room thoracotomy, 21 Urgent thoracotomy and 3 Scheduled thoracotomy.
- Operative findings were: injury of pulmonary parenchyma in 13, vessels in 10, heart in 2, diaphragm in 1, spleen and stomach in 1 case.
- The operation undertaken was: vascular ligation in 8, pneumorrhaphy in 7, resection of pulmonary parenchyma in 4, pericardiotomy in 2, pledgetted sawing of cardiac tear in 1 (on the beating heart), diaphragm repair in 1 and peripheral arterial bypass grafting in 1 case.

Intercostal chest drains' insertion as the only invasive technique was successfully applied in 12 cases.

Conservative treatment alone without invasive techniques was successfully used in 2 less seriously wounded patients.

The overall mortality was 5% (2/39 patients). Operative mortality 8%.

## **CONCLUSIONS**

- The TIf are potentially fatal.
- They require a high level of clinical diagnostic suspicion, decisiveness and prompt therapeutic action(s), as indicated mostly on clinical grounds.
- Confirmation of diagnosis by means of sophisticated imaging techniques not available immediately is neither always possible nor is it wise to postpone any clinical decision-making for such investigations to be initiated or concluded.