

Pediatric trauma

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Trauma is the leading cause of death and disability in children older than one year of age. Because of their small mass, the kinetic energy of the trauma will affect a large portion of the body, resulting in a greater damage.

When compared to adult, children have also less protective muscle and subcutaneous tissue and therefore their musculoskeletal compliance is greater.

Although traumatized children have a number of unique problems, this should not affect the validity of a structured approach. Resuscitation measures should be taken as soon as problems are identified and these measures must be applied in a structured manner to ensure a maximal benefit.

This structured approach consists of :

1. Primary survey and resuscitation, aim to identify and treat life threatening problems in order of the vital threat
2. Secondary survey, aim to understand the mechanism of the injury to predict lesion patterns and to perform a complete examination.

3. Emergency treatment,
4. Definitive care and safe transport

By doing this, problems will be identified quickly and treated promptly. But we should keep in mind that even a minor injury may have lasting effects, causing functional impairment or even subtle cognitive or behavioral deficits years after the acute trauma event. Therefore, the physical, emotional, and psychological needs of the child and the family must be considered.

This approach will inevitably improve the outcome ; still the mortality and the morbidity rate are very high, therefore a new therapeutic approach should be considered as well as the role of prevention is not longer a fad to be encouraged.

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