

## **THE SURGICAL MANAGEMENT OF PENETRATING COLON INJURIES IN BASRAH GENERAL HOSPITAL**

**Jawed R Khersani**

CABS, FICMS, Lecturer, Dep. Of Surgery, Basrah Medical College, Specialist Surgeon, Basrah General Hospital.

### **Abstract**

The management of penetrating colon injuries (PCI) in the civilian population has evolved over the last three decades. The role of resection and primary ileocolic anastomosis is well accepted for right colon injuries but the controversy still exists in the injuries involving the other parts. Some authors mandate a colostomy and others recommend primary repair with or without resection. Aim of the study is to evaluate the adopted method of surgical management of PCI in our hospital in comparison to the reported methods and to evaluate the colon-related complications in correlation with surgical options. This study was conducted for patients with PCI admitted to the Surgical Department in Basrah General Hospital between Jan.2003 and Oct.2005. A total of 85 patients were included. Mean age was 34.17±12.2 years. Seventy-three (85.9%) of them were males and 12 (14.9%) were females (male: female=6.08:1). Gunshot injury was the cause in 75(88.2%) patients and stab wound in 10 (12.8%). Right colon injuries (RCI) were found in 42 patients (49.4%) and left colon injuries (LCI) in 43(50.6%). Primary repair (PR) was performed for 27 patients (31.8%) while 58(68.2%) underwent colonic diversion (15 of them with RCI and 43with LCI). Nine colon-related complications (CRC) were developed in the PR group and 20 CRC in the diversion group (33.3% and 34.5% respectively). Four patients died (4.7%), 1(3.7%) in the PR group and 3(5.1%) in the diversion group. In conclusion, the role of colostomy has evolved from a mandatory option to a more selective one. In our study the colon-related complications and mortality rates are not significantly different between the PR and the diversion groups and this is in consistence with the reported results worldwide. We are in need to conduct a prospective controlled randomized study at least in selected patients to compare the primary repair with the diversion procedure in PCI.

---