

Conservative Management of Renal Trauma: Ten Years Experience

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Objective: To evaluate the feasibility of conservative approach for renal injury patients and its impact on nephrectomy rate.

Setting: Salmanya Medical Complex, Division of Urology, Department of Surgery.

Design: Retrospective study.

Method: A review of renal trauma patients from 1995 to 2005 was done. Data were collected from the records of these patients.

Result: Thirty-eight cases of renal trauma were reviewed; 29 were males and 9 were females. Most patients had renal injury due to blunt abdominal trauma (37 patients) and one patient had penetrating injury due to stabbing. On presentation, 24 patients had gross hematuria and 14 patients had microscopic hematuria. Renal injury Grading were: grade 1 (24 patients), grade 2 (4 patients), grade 3 (2 patients), grade 4 (6 patients), and grade 5 (2 patients). Associated injuries were: rib fracture (3 patients), spleen injury (3 patients), liver injury (2 patients), pelvic fracture (1 patient), head injury (1 patient) and femur fracture (1 patient). Most patients had CT scan or ultrasound on initial imaging for staging of renal trauma. Only five patients were admitted in the intensive care unit and nine patients received blood transfusions. Nephrectomy rate in this study was 5.2% (2 patients) and both had grade 4 blunt renal injury.

Conclusion: Conservative management in renal injury patients with hemodynamic stability is a feasible option and can maintain a low nephrectomy rate.