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High Grade Blunt Renal Trauma data from all patients admitted to our institution for high grade blunt renal trauma (grades IV and V). Nonoperative management was considered successful when patients did not undergo surgical exploration, regardless of angioembolization or endoscopic treatment. RESULTS: Of 306 patients with renal trauma 151 presented with major injuries, High Grade Blunt Renal Trauma: Predictors of Surgery and ... On multivariate analysis devascularization of kidney greater than 25% was the only predictor of angioembolization after high grade blunt renal trauma (OR 4.45, $p=0.005$). No factor was shown to

predict renal embolization failure in this study. High Grade Blunt Renal Trauma: Predictors of Surgery and

... Up to 10% of patients with abdominal trauma have renal trauma and greater than 90% of those are due to blunt injuries.

Approximately 25% of blunt renal injuries are high-grade injuries, meaning grade IV or grade V injuries [1, 2]. Historically, high-grade injuries were managed operatively, which leads to nephrectomy in most cases.

Successful Nonoperative Management of High-Grade Blunt

... Renal trauma can cause injury to the parenchyma or renal vessels, causing bleeding, or injury to the collecting system with urine extravasation. Among genitourinary (GU) tract injuries, which are rare,

the kidneys are most commonly injured. Overall, approximately one-fourth of solid organ injuries are due to renal trauma [1

]. UpToDate From January 2004 to March 2015 we prospectively collected data from all patients admitted to our institution for high grade blunt renal trauma (grades IV and V). Nonoperative management was considered successful when patients did not undergo surgical exploration, regardless of angioembolization or endoscopic treatment. High Grade Blunt Renal Trauma: Predictors of Surgery and ... OBJECTIVE: To report the management and outcome of paediatric patients sustaining high-grade blunt renal trauma. PATIENTS AND METHODS: Medical records were examined for all American

Association for the Surgery of Trauma (AAST) grade III-V blunt renal trauma cases admitted to a paediatric trauma centre from 2005 to 2015. Management of paediatric high-grade blunt renal trauma: a ... Blunt trauma kidney injuries may show no outside signs. Or bruises may be seen over the back or abdomen where the kidneys are. Penetrating Trauma. Penetrating kidney trauma may be suspected when there's a wound from a knife, bullet or other object that has pierced the skin. But sometimes these wounds may be small or hard to find. Also, sometimes the skin wound is far away from the kidney. Kidney (Renal) Trauma: Symptoms, Diagnosis & Treatment ... High-grade blunt renal trauma has been treated by arterial

embolization (AE). However, it is unknown whether AE preserves renal function, because conventional renal function tests reflect total renal function and not the function of the injured kidney alone. Dynamic scintigraphy can assess differential renal function. Arterial embolization in patients with grade-4 blunt renal ... The AAST organ injury scale for renal trauma is widely used to classify and standardize renal injuries. 34 This injury grading scale has been validated as predictive of morbidity and need for intervention to treat higher grade injuries. 35-37 The system has ambiguity when staging high-grade injuries, 38 however, and several authors have proposed modification of this grading scale to better guide

therapy 39 or to address ambiguity in staging injuries. 40 There has been no formal revision of

... Urotrauma Guideline - American Urological

Association Complications. grade IV renal injury places the patient at risk for developing hypertension due to a decrease in the renal blood flow or secondary to compression of the renal vessels (see Page kidney), leading to an activation of the renin-angiotensin system. AAST kidney injury scale | Radiology Reference Article ... The rarity of renal trauma limits its study and the strength of evidence-based guidelines. Although management of renal injuries has shifted toward a nonoperative approach, nephrectomy remains the most common intervention for high-grade

renal trauma

(HGRT). Contemporary

management of high-grade renal

trauma ... This study included 39

patients with high grade renal injury

with mean age 34 ± 5.6 years. 47%

were male and traffic road accident

was the most common case of

trauma. Renal injury was part of

multi-organ injury in majority of the

cases, either, intra-abdominal injury

(21 cases) or intra and extra-

abdominal injury (2 cases). MSCT in

Non-operative Management of High

Grade Blunt Renal ... The records of

55 patients who were admitted to

our institute with varying degrees

of blunt renal trauma from January

2005 to December 2012 were

retrospectively reviewed. Grade III-

V renal injury was defined as high

grade blunt renal trauma and was

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present in 44 patients. Predictors of nephrectomy in high grade blunt renal trauma ... The diagnosis of a high-grade renal injury should be suspected in any patient after blunt trauma with one or more of the following findings: Microscopic hematuria with hypotension (systolic pressure <90 mmHg) Renal Trauma - Injuries; Poisoning - MSD Manual ... The classical symptoms of renal trauma are hematuria and pain in the affected side following injury. Mild trauma generally only requires monitoring, while high-grade injury may require emergency surgery and intensive care. Injury to the ureters is rare and generally iatrogenic, occurring mostly during operative procedures. Genitourinary trauma - Knowledge for medical

students and ... This review of pediatric blunt renal trauma is the largest single-center series of Grade-IV and V injuries published to date. Children with high-grade blunt renal trauma are more likely to have an operative intervention if they manifest a collecting system filling defect or lack ureteral opacification on CT scan. Imaging characteristics associated with failure of ... In hemodynamically stable pediatric patients with high-grade (AAST III-V) renal injuries from blunt trauma and ongoing or delayed bleeding (P), should angioembolization (I) versus surgical intervention (C) be performed to decrease incidence of renal loss, blood transfusion, and complications. Pediatric Blunt Renal Trauma - Practice Management Guideline Conservative

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management of high-grade (grade III-V based on the American Association for the Surgery of Trauma [AAST] grading system) blunt renal trauma in adults and children is becoming more common 2, 3.

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