

Savage War Injuries: the Alleviation of Suffering

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Suicide bombing is all too common in the Middle East. Israel has lost hundreds of lives in suicide attacks, and in 2016 newspapers were replete with reports of bombings in Turkey, Iraq, Yemen, and Saudi Arabia. In July 2016 we received our first patient from Syria who had been injured in an explosion from a suicide attack just meters away from him. He arrived at the trauma room in agonizing pain, his clothes burnt into his flesh, and his hand and face shattered by the blast.

PATIENT DESCRIPTION

A 47 year old man was brought to the trauma room by the Israel Defense Forces medical team. He was fully conscious, breathing spontaneously, and hemodynamically stable. A matter-of-fact medical record in the trauma room noted his “suffering”; he was in unimaginable pain.

On examination, the pulse was 140 beats per minute and blood pressure 130/90 mmHg. He was speaking coherently and was oriented in time and place. A primary survey revealed multiple open fractures of the left hand and foot, fracture dislocation of the left elbow, fractures of the left tibia and fibula, and burns across 50% of his face, chest, abdomen and legs. His face and nose were badly disfigured with open wounds and loss of the

nasal soft tissues. There was no active bleeding from his wounds. There were no external signs of smoke inhalation.

Focused abdominal sonography showed no fluid within the abdominal cavity or pelvis. He was given intravenous morphine analgesia, requiring doses that made intubation prudent, especially in view of his facial burns and widespread burns across the chest [Figure 1]. He was resuscitated with 2 L of crystalloid and two units of fresh frozen plasma. Tetanus toxoid and immunoglobulin, and a dose of intravenous amikacin and vancomycin were given as per our protocol for managing the war-wounded from Syria, many of whom have been found to have antimicrobial resistance [1,2]. The fractures were reduced and splinted and the wounds cleaned and covered with silver sulfadiazine dressings.

In keeping with our trauma protocol, the patient underwent total body computed tomography (CT) scan with intravenous contrast. Despite extensive soft tissue injuries to the face and left orbital fracture, there was no intracranial bleeding and no spinal injury. CT scan of the thorax showed bilateral lung contusions and consolidation at the lung bases. No abdominal or pelvic injury was found. Multiple open fractures of the left leg and foot were contaminated by shrapnel fragments in the skin and soft tissues. An intensive care ambulance was arranged to transfer the patient to a specialist burns unit.

COMMENT

Extensive burns and the pain and morbidity associated with these injuries invariably leave a lasting impression on the treating physician and medical team. As we work in the trauma room treating and stabilizing patients, focusing on the clinical problems at hand is both obvious and essential. Treating war-wounded is neither new nor a departure from the normal practice of a team with extensive experience in combat trauma [3]. It is incumbent in the care we provide that all facilities available to the Israeli population served by Ziv Medical Center are equally available to casualties from Syria. Transfer to a specialist burns unit is mandatory for patients with such injuries. This high level care is available only in tertiary level centers in Israel. Making available the highest standard of medical care is a humanitarian imperative.

Figure 1. The patient arrived fully conscious and in agonizing pain from extensive burns (photo by Ziv staff)



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“When a man is wrapped up in himself he makes a pretty small package”

John Ruskin (1819-1900), leading English art critic of the Victorian era, as well as art patron, watercolorist, author, social reformer and philanthropist