

© A.Zenelaj, M.Brati, S.Buci et al., 2005

A.Zenelaj, M.Brati, S.Buci, Sh.Osmeni, A.Mici

BULLET EMBOLISATION FROM INJURED VCI IN TO THE RIGHT VENTRICLE

*Central University Military Hospital.
National Trauma Centre Laprake, Tirana/Albania*

The patient 32 years old was admitted in the emergency department after a gun shot abdominal injury. The event had happened 6 hours before. In addition patient felled weakness and dull abdominal pain. He was active, BP 120/80 mmHg, HR 90 per minute.

In thoracic-abdominal CT, bullet was seen in the right ventricle of the heart, without hemopericard. Free air in the abdomen and a not clear shape of Inferior Vena Cava [IVC] below renal vessels was revealed

The patient was taken immediately in the operating room by a combined surgical team. Left thoracotomy and abdominal median incision were performed.

In abdomen we found partial laceration of IVC, laceration of terminal ileum. Lateral suture of IVC and resection of 15 cm of terminal ileum with primary end to end anastomosis were done.

On the other hand we could not evidence any in-

jury of the diaphragm neither from the abdomen, nor from thorax. We did not see, as well, any injury of the pericardium.

After pericardiectomy and localization, the bullet was removed from the right ventricle.

After the operation an increase of ST wave in V1, V2, V3 was seen. Two days later ST wave became normal.

The patient left the hospital in very good health condition 12-th postoperative day.

Conclusion: We could not find in the literature any other report of embolisation of a bullet from injured IVC. The challenge in our case was from where to start the operation, from the abdomen or from the thorax. Our decision to start simultaneously

In thorax and abdomen resulted in excellent outcome.

P.S. See pictures taken from the CT.

