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OVERVIEW ARTICLE Chest Injuries in Pediatrics by Dr. Pedro Antonio Fernandez Busot Specialist Grade II in Pediatric Surgery. Associate professor. ISM-VK. Descriptors: THORIC TRAUMAS, ABDOMINAL TRAUMAS Subject headlines: THORACIC INJURIES, ABDOMINAL INJURIES It was found that chest trauma is the cause of 7 to 14% of child deaths; half of the children die before they arrive at the hospital. 25% of chest injuries cause treatment for injuries, and 33% of lung lesions that do not need treatment. 58.4% of patients with polytraumatized infection have some degree of chest injury1-3. Its production mechanisms: bruised or penetrating, each with or without major injury. Other mechanisms include: fans in intensive care units in young children, nasogastric, pleprotomia and aspiration probes, among other things4-6. Breast in a child is characterized by: a) an amazing adaptation of it, b) a very flexible carnivorous and bone structure, c) free movements of mediatin (eviction of the heart). Injury can occur: (a) aerophagy, acute expansion of the stomach, difficulty of diaphragmatic movements and paralytic reflex ileus, b) They usually do not have pre-existing cardiopulmonary, liver or kidney disorders. c) That isolated chest injuries rarely occur; often associated with abdominal, traumatic brain injury or both, d) The presence of intra-abdominal lesions should be ruled out7. There may be specific chest injuries, including: chest injuries, concussion, traumatic asphyxia, subcutaneous emphysema, fire injury, pneumottarg, hemotrax, chest injury, tracheobronchial tree,comoling, diaphragm, cardiac plugging. Chest injuries: Bone and stern fractures are rare due to the flexibility of these structures. Multiple rib fractures occur, the breast becomes unstable and free breasts with paradoxical movement occur during the respiratory cycle, resulting in the effectiveness of breathing reduced and progressive respiratory failure occurs. . Treatment of a simple fracture includes rest, provision of painkillers and monitoring of deep breathing to avoid atelectase; If the pain is severe, the inter-hospital blockage should be performed. Swinging breasts are treated with internal pneumatic stabilization, endotracheal intubation and a fan with volume cycles8. Concussion: This is caused by a bruised injury that causes bleeding, swelling, and alters the alveoli capillary interface, in one or both lungs. Plasma is moving towards basal and alveolar spaces, and causes swelling of alveolar epithelium and progressive hypoxia. Endotracheal insubration and mechanical ventilation may be required for treatment as well as the use of antibiotics to prevent infection of injured pulmonary parenchym. It is recommended to limit the supply of liquids8.9. Traumatic suffocation: Observed in children, so flexible breasts and lack of valves in the venous upper and lower cava system. This trauma occurs when the breast is crushed; their symptoms and signs are given: disorientation, cyanosis and petehia of the face and neck. Subconjunctive and retinal hemorrhage can also occur, and is accompanied by a certain degree of pulmonary concussion. Subcutaneous emphysema: Responds to major trauma to the pleura, intercostal muscles, bronchus, movement or pulmonary parenchym. Treatment is the main trauma10. Fire injuries: Any fire situation exposes a patient to a direct injury to the tracheobronchial tree from smoke, causing chemical tracheobronchitis, and producing mucous swelling and airway obstruction. Energetic pulmonary care, inspired air hydration, endotracheal aspiration, postural drainage and antibiotics are present in your treatment. Pneumothorax is the most common chest injury in children and you should always think of it as a closed and penetrating injury. This depends on the leakage of air into the pleural space, tearing the tracheobronchial tree or pulmonary parenchyma, perforation of the esophagus or penetration of the chest wall. The elasticity of the baby's chest explains that the pneumatic chest occurs, without a fracture of the rib. In the conditions of amptomatic 15% pneumoctrax, waits for behavior follows. If we are in the presence of voltage pneumoctress, the needle is inserted as a life-saving measure. Treatment involves placing a tube in the pleural space. This procedure is currently performed, especially in pediatrics, at the level of the fourth inter-tuberculosis and anterior armpit. This probe is connected to a water seal and, if necessary, to negative absorption. If it's an open airmore, it closes. Keep in mind that since the mediastinum in the child is not fixed, there is a large deviation from it in the counterlateral side, with the effects of the angulation of large vessels, decreased venous recoil, cardiac output and cardiovascular collapse11. Hemotrax It consists of the presence of blood in the pleural space. This occurs very rarely in children, and the most common cause is rupture of the intercoird vessel. The treatment has, as the main pillar, the replacement of the volume of blood and the placement of the tube in the pleural space for blood drainage and quantification, which allows you to assess what decides waiting behavior or surgery. Injury to the thoracic duct This can be traumatic damage or during heart surgery, for example, in the dressing of the permeable atherapron to the duct, and in the autopsy of the upper esophagus saxophone, in esophageal atresia surgery. In this injury, pleural liquid interposition is white, milky, bacteriitic, rarely accompanied by empyma and is called quilo. Treatment is carried out by placing tube drain, enteral pathway suspension and full parenteral feeding within one month; if it has not been resolved after this time, surgical treatment is performed, which consists of ligature duct12. Tracheobronchial tree These lesions are rare in children, and can be associated with both bruises and penetrating lesions. His diagnosis is based on the appearance of subcutaneous emphysema, as a result of the initial mediatiinal emphysema. Treatment includes repair and tracheostomy in high trachea trauma, as well as thoracotomy to repair a low trachea or bronchial injury. Sometimes it is necessary to dry the damaged pulmonary parenchyma. Trauma of the primary organ of the oesophagus is rare in children. Children's rupture reacts to the reception of foreign bodies or accidental perforation, when taking corrosive substances or in devices to expand esophageal stenosis caused by caustics. Trauma of the esophagus of the cervix is treated surgically, and in intratoral trauma vigorous medical care (parenteral hydration, antibiotic therapy and nasogastric catheter with continuous aspiration) or surgical treatment with closure of the lesion, if possible, provided it is up to six hours after its start; otherwise, medical drainage, gastrostmia and cervical esophageal esophagogastrostomy will be carried out. When taken caustic, an endoscopy is performed within the first 24 hours to indicate the extent of the injury, and on this basis it is performed. (a) Grade I swelling and hyperemia of the esophagus mucosa. The route of entry is suspended for the first 24-48 hours, and then feeding begins gradually; The audited study is carried out over a period of three to four weeks. b) Grade II. Here are all of the above, plus pearly white damage to plotters. The enteral pathway begins, as noted in the first grade, antibiotics can be given and a proven study is conducted from four to six weeks. Grade III. Extensive circular pearl-white defeat that can compromise the entire organ. In the oral route is suspended for four to six weeks, and when feeding the patient gastrostomy. Antibiotics are delivered and a proven X-ray examination is done in four and six weeks, as well as a new endoscopy. It may be a regenerative esophagus, followed by an extension mode, or not restored, in which case a replacement is required1,4,7,13. The diaphragm rupture of this organ occurs in the conditions of trauma of the upper hemiabdome or the base of the hemitarax, and the contents of the abdominal cavity gets into the corresponding hamikrs. For the diagnosis is enough chest x-ray in an upright position, with AP and lateral appearance, where signs of hydroaere level can be observed in the appropriate hematraks, and the image of bee honeycombs, is enough for diagnosis. Repairs should be made to the abdominal cavity, in the conditions of the possibility of visceral injury associated with this level14,15. Heart blockade is very rare in children. A small amount of blood or air can jeopardize the function of the patient's heart, reduce venous return, and thus cardiac output. This formation should be taken into account in hypotension, despite the replacement of fluid, the enlargement of the veins of the cervix with increased central venous pressure (PVC), paradoxical pulse, peripheral vasoconsoconsing and shock. Treatment includes pericardiocentesis16. Indications for immediate thoracotomy: if he has no cardiac activity for five minutes, despite the fact that he performed an external cardiac massage; spinal cord injury, which requires heart massage; continuous massive pleural hemorrhage; unresolved cardiac blockage with pericardiocentesis; Mediastine expands with left henothorax or aorthogram indicating an aortic injury; esophageal rupture; open air-thumtrax with a wall defect; massive pleural air exhaust, suggesting a rupture of the tracheobronch; traumatic diaphragmatic hernia9,12,13. Life-threatening injuries are immediately among life-threatening lesions at once: open toratoxic pneumatic air traffic, air obstruction, swinging breasts, thoratoxic pneumot tension, massive hemoto-toratoxic, cardiac connections and air embolism; Among those that endanger life relatively are: rupture or rupture of the tracheobronchial tree, concussion, rupture of the diaphragm, perforation of the oesophagus, concussion myocardi9 and injury of large vessels. Abdominal injuries caused a significant percentage of deaths in a child who was injured. The most common organ injuries are the liver and spleen, mainly from injury; hence the intra-hyperitoneal hemorrhage common denominator. Clinical manifestations are those of acute anemia (tachycardia and hypotension), and can achieve shock, relative to the volume of lost blood. A physical examination revealed clinical signs of acute surgical abdomen associated with the evolution of time17. Additional tests of hematocrit and haemoglobin should be interpreted with others. It is important to determine the meaning of serum amilasia, if possible pancreatic injury. Radiological research has been very important in recent times; So, a simple abdominal X-ray shows low rib fractures, shifting the splintered corner of the colon and stomach, the appearance in the visible teeth of the main curvature of the stomach and the loss of splenic, renal and psaos muscle shadows17,18. Other specific imaging techniques include abdominal ultrasound, arteriography, radionuclide scanning, computerized axiography (CT) and nuclear magnetic resonance imaging (MRI). CT is a method of evaluating these patients, as it provides accurate information about anatomical details, as well as the type and extent of organ damage19. Treatment of spleen lesions has changed in recent years, preferring conservative behavior where possible, the risk of postoperative siderante infection has been reduced. Additional treatment to avoid this complication involves providing antibiotics after a splenectomy, which should be a wide range to protect these patients from the different types of microbes they may acquire.20 Clinical and experimental studies show that pneumococcal immunization is safe and effective in reducing deaths from pneumococcal side infections. Currently, there are multi-purpose vaccines that allow action on other microorganisms. This vaccination should be started in about the third week of postoperative 21. As part of the conservative treatment of the spleen, first, non-surgical behavior, and within the surgical, splenography first, and then subtotal splenectomy, autotransplantation and spleen artery dressing, among others. Non-surgical treatment is a safe and reliable treatment for these patients, after demonstrating that there is no life-threatening intra-periodicaloneal hemorrhage. Similarly, laboratory clinical supervision is required, as well as the rest of these imaging procedures and close monitoring of the doctor and nurse.22 Liver injuries are often more life-threatening than splenic injuries because they are accompanied by loss volumes of blood, so sometimes surgical behavior is imposed. Contuso liver treatment is usually more severe than penetrating one, and the right proportion is more affected than the left.23 Liver lesions are assessed with the same additional tests as splenics. And here TAC is a useful and safe test. When tearing liver veins, retrotheatic cava or branches of the portal should be operated immediately. It is about non-performance of important lobar resections because they are not allowed by children. The liver segment of theectomy17-19 came to the aid in this direction. There are other surgical conservative procedures, such as the liver suture. In the conditions of damage to the bile duct, it may be necessary to remove the bile tree with the T-tube. The subcapsular hematoma of the liver can be successfully treated without surgery. Conservative non-surgical treatment can be performed, with the same criteria as for splenic injuries. The notions of proper treatment of hepatosple lesions have evolved in recent years. Recognizing that in some cases aggressive surgical treatment causes various life-threatening complications for the patient, it has determined that the principles of care for these traumatic injuries are resymminized. The general consensus suggests that non-surgical treatment or more conservative interventions may be possible.24 Diaphragm It is prone to low breast or upper hemiabdome injury, and involves transition from intra-peritoneal abdominal cavity to appropriate hemitirax, followed by impaired ventilation. Surgical treatment with repair of such muscles is recommended.15 Stomach This injury is more common in children than in adults, it can occur in abdominal trauma from crushing, passing the levin probe, endoscopic manipulation and excessive air exposure in the airways of therapeutic procedures, among others. If the stomach is bruised, it can burst when the crown is closed and the gastroesophageal intersection is competent. The breakdown usually occurs in the main curvature, close to the fundus. Surgical treatment is important.25 The perforation of the small intestine of the small intestine may be the result of a closed abdominal injury. This is important in the production mechanisms of the points in which it is fixed, such as: the blind and treise ligament clinical picture, among other things, is characterized by peritonitis, which develops in the first 24 hours. Peritoneal washing helps to determine the organ involved, according to the characteristics of the received material: bile, bowel content, among others. In the Thin perforation can be restored by debridation of delitized tissue and transverse closure if possible, or resection said segment with termemic anatomy; externalization of capes is rarely necessary. Colon and rectum Although very rare in children, penetrating abdominal wound can lead to this injury; it can also be caused by the penetration of a perforocoring object into the perine area known as a puncture. After the diagnosis, a shunt (colostomy) is imposed. Direct trauma is almost always associated with a puncture. Some children with this type of injury are sexually abused, and this aspect requires research26, 27. Pancreatid trauma Retroperitoneal location of these organs protects them, in particular, from abdominal trauma, but the consequences are serious. If the injury endangers the duct, the adjacent tissues are digested by ensimatic actions that cause destruction or bleeding. Concussion trauma and compression trauma make the pancreas very vulnerable. The mechanism of production of the bike steering is one of the most common. Peritoneal washing is useful when it contains bile, amila, faeces, blood and others. If the gap is retroperitoneal, it doesn't matter. If the diagnosis of pancreatideodeal injury is questionable, the scout laparotomy is the only method that may require it. Post-traumatic pancreatitis is a prognostic disease reserved in children. Pseudosything of the pancreas may occur as a result of post-traumatic inflammatory process. Its creation in three or four weeks. The typical mass of the epigastrium can be demonstrated by sonography or CT before it is demonstrated during physical examination after six to eight weeks, some pseudocystlums are spontaneously resolved, but others require surgical treatment (transgastric drainage). The rupture of the pancreatic duct is rare in children, occurs more often from injury than from penetration; The head of the pancreas is also rare.28 BIBLIOGRAPHIC REFERENCES 1. Peterson RJ. Children's and adult thoracic trauma. Age impact on presentation and result. Ann Thorax Surg.1999;58:14-6. 2. Galan Garrigan K. Politraumatized patient. Review of treatment in our hospital. Rev Cubana Cir.1999;26(1):13-8. 3. Luis Nieto N. Accidental deaths. Some information about your behavior in Cuba Rev Cubana Administrator Salud. 2000;13(4):19-21. 4. Trankey D, Lewis D. Chest injury. Wedge Cyrus North Am. 2000;9(3):45-9. 5. Schorr R. Blunt breast injury. Anne Surgut. 2000;206:20-1. 6. Fernandez L. 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Perforation of yukunum from blunt abdominal trauma. J Injury. 2000;23:54. 27. Silm MS, Makarun M, Shammai AR. Primary repair of colorectal injuries in childhood. J Ped Surgut. 2000;16:1008-10. 28. Jones RC. Managing pancreatic injury. Surgut. 2000;187:5555-60. Page 2 NEUROPATHY DIABICS. CARAACTERYCIAN CLENICA Y NEUROPHYSIOLAGICA en DOS ERAS DE SALUD de SANTA CLARAS un estudio descriptive en 107 pacientes diabeticos de los Polyclinicos Santa Clara y Chiki Gomez de la Ciudad de Santa Clara, con el objetivo de caracteri Se investigaron las manifestaciones

polineurop'ticas, tanto en el interrogatorio como en el examen f'sico, y las alteraciones neurofisiol'gicas en los nervios mediano, peroneo y sural. La muestra estuvo constituida por 71 mujeres y 36 hombres, la edad y el tiempo promedio de evoluci'n fue de 58.20 y Years, respectively; 22 had diabetes. Symptoms that prevailed in the interrogation were: convulsions, numbness and pain in the lower extremities, and in physical examination, changes of superficial and deep sensitivity. From a non-naysyological point of view, the greatest changes occurred in motor myelics, both in the upper and lower extremities. In 47% of patients clinical manifestations coincided with electrodiagnosis, 26% had neurophysiological changes without clinical manifestations; others had clinical manifestations without neurosyological changes. Estela Chaviano Bellett, Arturo Jose Somano Reyes, Hilda Patricia Chaviano Bellett, Jorge Luis Hernandez Mendes Mendes, Olga Caridad la Rosa Macias 492 readings QUALITATIVE GENETIC STUDY OF THE POLYMORPHIC SYSTEM OF HAPTOGLOBINA IN THE CENTRAL REGION OF THE COUNTRY His research in different regions of the world shows a noticeable genetic The work is carried out qualitative research to expand the genetic characteristics of the population of the central region of the country. Electrophoresis starch gel was performed on 1,809 individuals from Villa Clara province, of whom 847 adult blood donors, and 962 children hospitalized at the provincial children's hospital Jose Luis Miranda. The phenotypic distribution found for each subpopulation, according to the Arde-Weinberg balance, was based on the breed, which analyzed the frequency of the Hp1 gene. The distribution of phenotypes in a sample of adult and black children demonstrated the balance of the population; not so in white children, which may reflect associated phenotype-disease effects. The Hp1 gene is more common in negroids. Manuela Herrera Martinez, Isis Noelia Munis Bernal 504 readings Elvis Gonzalez Perez, Ureida Gonzalez Cabrera, Carlos Nieto Monteagudo, Paula Aguila Soto, Anabet Santiago Perez, Caridad Rodriguez Santos 494 readings RISK FACTORS OF MAMARIO IN A GROUP OF WOMEN OPERADASIntroduction: Analytical epidemiology of breast cancer has revealed several factors of the development of this disease. Methods: Descriptive, applied, retrospective, quantitative and longitudinal studies were conducted on the female population served in the interdisciplinary mastology consultation of the University Hospital Arnaldo Milian Castro Santa Clara, Villa Clara, and this led to a surgical biopsy of breast cancer. Purpose: Determining factors risk depending on origin (personal or environmental). Results: The first place was taken by the age of 50 years at the time of diagnosis, with 38 patients (62.3%). 24 (39.3%) patients respectively. Conclusion: The most common risk factor was over 50 years of age at the time of diagnosis. Lissett Ruiz Jorge, Alejandro Ruiz Mendes 430 readings Lady Alfonso Arboles, Maria Artilles Monteagudo, Iris Ilana Fonseca, Carol Cardet Sanchez, Mabel Gonzalez Toyos, Enrique Gonzalez Perez 872 READINGS REPERCUSSION FROM PULMONAR TROMBOEMBOLISM IN HOSPITAL MORTALITYA Retrospective, analytical, cross-type study was conducted to assess the effects of pulmonaryembolics (TP) on deaths in hospital, in deceased necropsySy It was found that 14.01% of them had such a structure , and in the same year there was no significant decrease in the frequency of occurrence. It was found that the incidence increased with age, but without significant differences between the sexes. The most common acquired risk factors were bronchopnomy, senectud, peeling and congestive heart failure, which showed that the coexistence of three or more risk factors played an important role as a trigger for an acute episode. The clinical level of suspects was 41.42%, and the main diagnostic errors were bronchopnomy and acute myocardial infarction. In the quintet, pulmonary embolism is second to the direct cause of death, preceded only by bronchopnemicion. Rafael Gonzalez Rubio, Lilia Isabel Garrido Lena, Ignacio Igualada Correa, Maria del Carmen Valdez Pino, Marta Abascal Cabrera 450 readings MISCARRIAGE: CURRENT PROBLEM. FIVE-YEAR EPIDEMIOLOGICAL STUDY A retrospective descriptive study was conducted to characterize miscarriage based on the influence of certain epidemiological risk factors and the frequency of the same frequency in relation to clinically identified concepts. A sample of 250 common abortions was examined at a specialized consultation at the Mariana Gradjales Coello Provincial Training Hospital in Santa Clara, where they participated between March 1996 and December 2000; patients were examined in search of aspects established in the manual and the purpose of this work. The incidence of miscarriages in our environment, compared to the total number of concepts of that period, ranged from 8 to 10%. In the ages The number of miscarriages was higher, and there were evidence among the risk factors associated with miscarriage, the use of antibiotics and anti-parasitic drugs, excessive coffee use and the use of intrauterine devices, six months before pregnancy was conceived. Yara Marilan Martinez Diaz, Mayelin Martinez Diaz 420 readings Heidi Diaz Garcia, Daymaris Artilles Benitez, Dignora Macias Minoso 397 readings Roberto Fernandez Gonzalez, Gabriel Rodriguez Gonzalez, Yuri Medrano Plan 406 readings trauma toracico pediatria pdf

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