

DFP-Literaturstudium

Bitte beachten Sie:

Im Rahmen des Diplom-Fortbildungsprogramms ist es möglich, durch das Literaturstudium in der *European Surgery* Punkte für das DFP zu erwerben.

1. Nach der Lektüre des DFP-Artikels beantworten Sie bitte die Multiple-Choice-Fragen. Eine Frage gilt dann als richtig beantwortet, wenn alle möglichen richtigen Antworten angekreuzt sind. Bei positiver Bewertung (66 Prozent der Fragen) werden Ihnen drei DFP-Fachpunkte zuerkannt.
2. Schicken Sie diese Seite entweder per Post oder Fax an die Redaktion von Springer Medizin Wien (z. Hd. Susanna Hinterberger), Prinz-Eugen-Straße 8-10, 1040 Wien, Postfach 11, Fax: 01 / 330 24 26.
3. Einsendeschluss: 20.02.2019
4. Internet: Sie haben die Möglichkeit, den Fragebogen unter www.SpringerMedizin.at/fortbildung/ herunterzuladen oder unter E-Learning auf der Website der Österreichischen Akademie der Ärzte www.meindfp.at auszufüllen.

DFP-Fragen

? Blunt abdominal trauma of liver and spleen: which answer is correct?

- Blunt abdominal trauma is not very frequent in central European emergency departments.
- Abdominal organs are involved in 10% of polytrauma patients, with an occurrence of hepatic and splenic injuries in 5 and 5%, respectively.
- The only possible therapeutic strategy is surgical treatment.
- Due to frequent postoperative complications after primary surgical treatment in the past, a paradigm shift to non-operative management (NOM) in haemodynamically stable patients has emerged in major trauma centres.
- Regarding therapeutic laparotomies, evidence has shown additional advantages such as less frequent need for blood transfusions, lower mortality rates and lower healthcare costs compared with conservative treatment

? The Moore scoring system is considered the gold standard to describe hepatic and splenic injuries: which answer is correct?

- This classification scheme is an anatomic description scaled from I to VI for the spleen and from I to VIII for the liver, representing minimal to the most severe injury.
- Most liver injuries are grade IV or V and are successfully treated conservatively.

- Laceration involving segmental or hilar vessels producing major devascularisation (>25% of spleen) in splenic injuries is described as Moore grade IV.
- For multiple injuries, two grades should be advanced in the classification system, up to grade III.
- The Moore score is based on the Organ Injury Scale (OIS) of the American Association for Surgery of Trauma (AAST) and was published in 2000.

? Bed rest and return to activity after blunt hepatic and splenic injuries: which answer is correct?

- Many surgeons still believe that early mobilisation of patients with blunt solid organ injuries increases the risk of delayed haemorrhage.
- The guidelines report clear recommendations concerning the issue of return to activities after hepatic and splenic trauma.
- Restitution of a simple liver laceration and sub-capsular hematoma occurs within 8 to 10 months, whereas complex injuries require up to 12 months.
- For grade III, IV and V injuries, nearly half of experts would allow return to full activities within 2 to 3 weeks.
- Some experts recommend return to unrestricted activity only after a normalised computer tomography (CT), usually 1 to 3 months after injury.

? Post-splenectomy and post-embolisation vaccination: which answer is correct?

- Overwhelming post-splenectomy infection (OPSI) is a mild condition that rarely causes complications like fulminant sepsis.
- Patients who are asplenic or hyposplenic have an increased lifetime risk of OPSI and death especially from encapsulated organisms like *Pseudomonas aeruginosa* or *Escherichia coli*.
- Currently, it is established and recommended that vaccines against these bacteria should be administered either 4 weeks before or 8 to 10 weeks after (elective) splenectomy.
- Routine immunization for patients with splenic injuries managed conservatively without splenectomy is also recommended.
- Retrospective studies analysed the splenic immune function of embolised patients and concluded that routine vaccination appears not indicated, because splenic immune function was preserved.

? Repeat imaging: which answer is correct?

- CT scans repeated after more than 2 weeks following initial presentation have a substantial influence on patient treatment.
- Many authors suggest ultrasound instead of CT scans in young patients with grade I and II splenic injuries.

- Routine follow-up CT scanning is considered an integrated part of NOM protocols for blunt liver and splenic injuries.
- In asymptomatic paediatric patients, CT follow-up studies always provide additional information for clinical management guidance.
- Routine radiological follow-up of blunt splenic injury always helps to guide a recommendation for return to full activity.

> Bitte ausfüllen

Absender (Bitte gut leserlich ausfüllen)

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