

Note on Emergency Radiology and Spinal Traumas

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DESCRIPTION

Harborview Medical Center has traditionally served as the main location for emergency radiology Hypertrophic Cardiomyopathy (HMC). Only Harborview serves the states of Washington, Montana, Idaho, and Alaska as a Level I trauma and burn hospital for children and adults. HMC receives significant referrals from over 25% of the geographic region of the United States in addition to offering primary trauma, stroke, and emergency care for the greater Seattle area. Our Emergency Radiology section now provides 365 days a year of attending-level coverage.

A fairly common injury, spinal trauma can range in severity and outcome from asymptomatic condition to transitory neurological dysfunction, localized deficiency, or deadly occurrence. High- and low-energy falls, road accidents, sports, and blunt impact are the main causes of spinal trauma. The radiologist has a key job in determining if there are lesions or not, defining their characteristics, and determining how they will affect the prognosis and, consequently, the course of treatment. In the treatment of spinal trauma, imaging is crucial. This study sought to describe the frequency and type of vertebral fractures, imaging indications and recommendations for cervical and thoracolumbar trauma, multi detector CT indications for trauma spine, and MRI indications and recommendations for trauma spine.

A vital diagnostic tool in the emergency room is now neuroimaging. Computed tomography (CT) and Magnetic Resonance Imaging (MRI) are useful for the quick evaluation and diagnosis of complaints of weakness, headache, dizziness, and trauma. This article focuses on the fundamental ideas and important factors that should be taken into account while ordering and interpreting neuroimaging in the emergency room in collaboration with the radiologist. For individuals under the age of 45, trauma is the primary cause of death. Cranial trauma is the number one cause of death in patients under the age of 30 and contributes significantly to morbidity and mortality across all age categories.

The first step in the examination is a quick assessment of the

patient, followed by CPR and the start of life-saving measures. The ABCDE of trauma is the name of this procedure. The main survey is supplemented by pertinent imaging taken during resuscitation and reevaluation. In real life, a trauma team does the majority of the ABCDE steps concurrently. The airway and intravenous access are often taken care of by anesthesiologists while the surgeon assesses the pelvis, chest, and abdomen for possible life-threatening injuries. There usually isn't a need for airway intervention right away if the patient is conscious and speaking. A temporary solution may be a pharyngeal airway if the patient is unconscious and breathing on their own. Any patient with a head injury who receives an 8 or lower on the Glasgow coma scale needs to have their airway intubated. However, in individuals with higher scores, intubation can be necessary for the best airway management.

A chest radiograph should be conducted to determine where the endotracheal tube is positioned if the patient has been intubated. In a supine chest radiograph, the tube's tip should be at least 3.5 cm (and ideally 5 cm) above the carina and not lower than the level of the aortic arch. Because bleeding is a major contributor to avoidable death, it is crucial to make a timely and accurate assessment of the patient's hemodynamic condition. Clinical examination is crucial, especially when determining the patient's degree of consciousness, skin tone, and pulse. Any external bleeding should be located and treated right away with physical pressure.

Limited ultrasonography and a pelvic radiograph should be performed to rule out hidden blood loss when the examination or history point to internal damage. Any injury that has the potential to result in long-term incapacity or death is considered a major trauma. Major trauma can be caused by a variety of things, including falls, car accidents, stabbings, and gunshot wounds. To prevent loss of life or limb, it may be required to address the injury promptly and transport the patient to the proper medical institution (referred to as a trauma center). The initial assessment is crucial and includes a physical evaluation as well as the use of imaging techniques to precisely identify the types of injuries and develop a treatment plan.

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