Pediatric Trauma: where do we stand?

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The Global Health Network

Published on: Jun 16, 2023

URL: https://tghncollections.pubpub.org/pub/uek6pg2m

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Introduction: Trauma in children is a leading cause of mortality in different parts of the world. The epidemiology of childhood trauma would help in understanding the injury patterns, paving the way for exploring preventive measures. There are few studies describing the pediatric trauma in developing countries.

Aim: We wanted to document the type, mechanism, and extent of trauma among children and its association with clinical outcome.

Patients and Methods: A retrospective case record review was conducted in the department of emergency medicine and trauma at a tertiary care hospital in South India from September 2019 to March 2021. All children aged <12 years with history of injuries irrespective of the cause for attending our trauma center were included in the study.

Results: A total of 911 children were enrolled. Of this 64% sustained injuries at home. The leading modes of injury were fall at level ground (26.9%), road traffic accidents (RTAs) (25.5%), and fall from height (16.8%). Majority of RTA victims were two-wheeler pillion riders (40.5%) and pedestrians (31.9%). Nearly 49% of children had head and maxillofacial injuries. Polytrauma was found in 3.6% of children. Based on the Pediatric Trauma Score (PTS), 72.6% of children had mild trauma and 6.1% severe trauma. Totally, 18.9% of children required inpatient management, 7.5% surgical intervention, and 1.8% expired.

Conclusions: As the leading cause was domestic injuries, safety of children at home needs to be addressed. Presence of a specialised centre is essential in trauma care setup. Road safety, emphasis on traffic rules and education on pedestrian injuries are essential components of injury prevention strategies. Involvement of Policy makers and relevant government officials would enable effective implementation of injury prevention at a national level.