

CT grading of blunt pancreatic injuries: prediction of ductal disruption and surgical correlaton

陳啓仁

Wong YC;Wang LJ;Lin BC;Chen CJ;Lim KE;Chen RJ

摘要

Abstract

PURPOSE: The purpose of our study was to devise a CT grading scheme for blunt pancreatic injuries (BPIs) and to apply it to predict the presence or absence of ductal disruption. **METHOD:** We retrospectively reviewed CT scans of 22 patients with proven BPIs. We graded these injuries on CT (A, BI, BII, CI, and CII) based on the (a) presence or absence of pancreatic lacerations, (b) site of lacerations, and (c) depth of lacerations. CT grading was correlated with surgical findings for glandular and ductal injuries. **RESULTS:** Main pancreatic ducts were intact in 2 patients with normal CT scans and in all grade A injuries (n = 10). Distal pancreatic ducts were disrupted in all grade B injuries (BI, n = 1; BII, n = 4). Of five grade C injuries, three CII injuries had disruption of proximal pancreatic duct, one CII injury had disruption of minor duct, and one CI injury had an intact ductal system. **CONCLUSION:** CT grading of BPIs was useful in predicting ductal integrity or disruption. Ductal disruption was likely present if the pancreas appeared to have a transection or deep laceration on CT scans. It was accurate in grade A and B injuries. Overestimation could occur in grade CI and CII injuries.