SMALL INTESTINE LACERATION IN HIGH SCHOOL FOOTBALL PLAYER
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**Background:** An 18-year-old male football player received a direct blow to his abdomen from an opposing player’s helmet after completing a catch. After the hit, the athlete was lying supine with his knees and hips flexed and his feet planted. He was able to roll onto his hands and knees and was assisted and removed from the field by the athletic training staff. Even with assistance, he had difficulty standing up straight and walking normally. His primary complaint was pain with back extension. The pain was relieved when the trunk was in a flexed position. He mentioned the pain was moving into his testicles. The lower left quadrant presented slight redness, but no swelling or deformity. He had trouble breathing and felt nauseous with a slight headache. The athlete was given ice to relieve the pain. After 15 minutes of no improvement, the athlete was transported to the emergency room via ambulance. **Differential Diagnosis:** Abdominal contusion, ruptured organ, intestinal hemorrhage, abdominal muscle spasm. **Treatment:** The athlete was referred for radiographs and an MRI. The radiographs revealed no fractures. The MRI revealed a minor laceration to his small intestine that caused slight internal bleeding into the intestine. He was admitted to the hospital for 3 days. While in the hospital, he was put on pain medications and a strict liquid diet. He was asked to follow this diet for 4 days following discharge. There was no rehabilitation done at the high school. His family and the athletic training staff monitored him for 2 weeks following release from the hospital. The injury occurred during the last game of the season, so the athletic training staff did not follow any return to play procedures. He was able to play the following year in college. **Uniqueness:** Organ lacerations are uncommon, but even more infrequent in athletics. The most common organs affected in sports injuries are the spleen, kidneys, liver and pancreas. Intestinal lacerations are normally caused by a penetration. The significance of this case was to illustrate that the force of another player’s helmet can cause this type of injury to the intestines. **Conclusions:** Intestinal lacerations can be life threatening. It can result in serious bleeding, which cause the athlete to lose excessive amounts of blood as well as a possible cause for infection. This specific case was fortunately minor. The athletic training staff made the right decision sending the athlete to the emergency room immediately before returning him to play and before the condition became any worse. He went back to eating solid foods again within a month and continued his football career in college. **Relevant Evidence:** Blunt abdominal trauma can be evaluated by computed tomography (CT). CT scans have successfully reported abdominal injuries when laparotomy is not present. Indications for CT scans include: clinical or radiographic evidence of abdominal injury, mild suspicion of abdominal injury, unreliable abdominal physical examination findings and neurologic deficit with an unknown mechanism of injury. It allows for surgeons to follow a nonoperative management, especially with less serious injuries such as this case. MRI offers no significant advantage over CT for the routine evaluation of acute abdominal trauma. **Word Count:** 520

**References:**