

Outline

1 What is Trauma and acute care surgery?

2 How Practice changes as technology advances

3 Application of the deep learning in Trauma images

General surgery & Trauma care

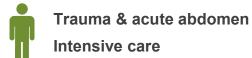




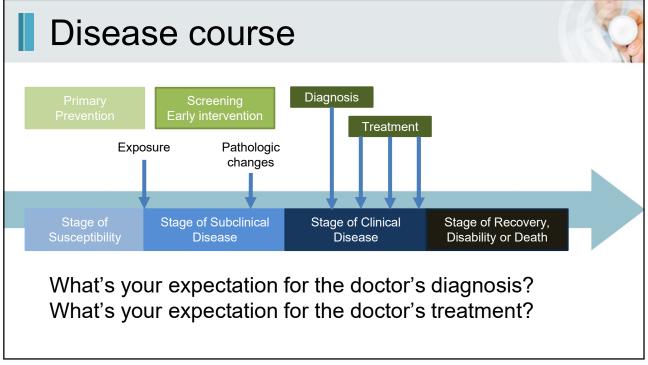


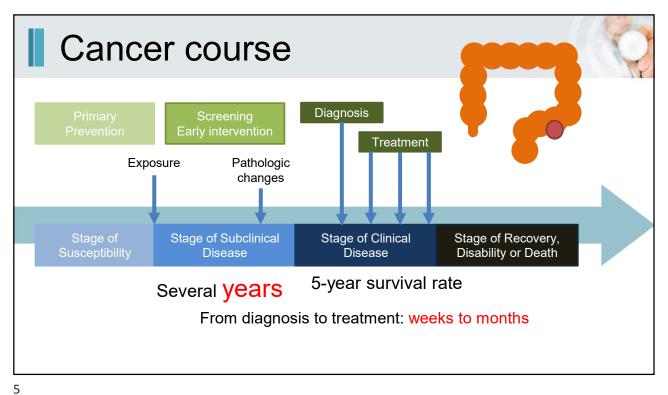


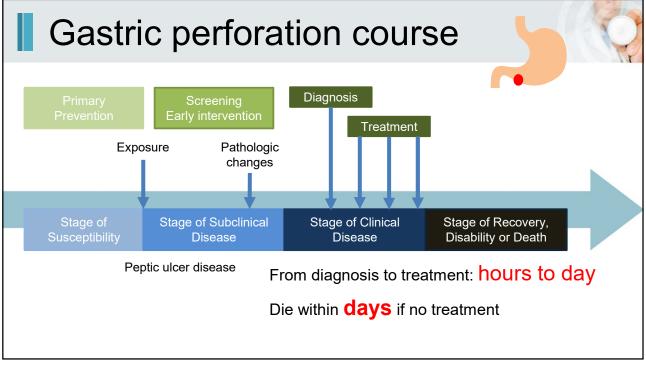


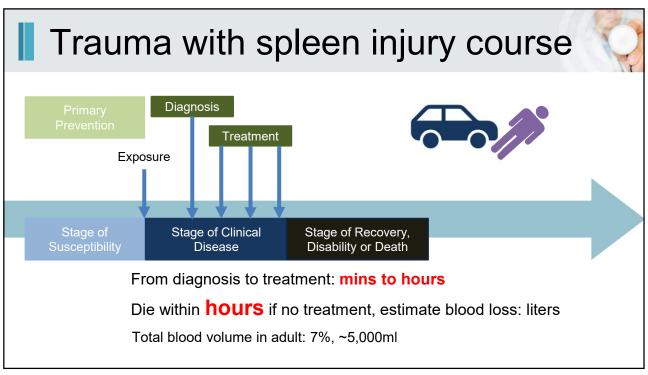


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How medical practice change?

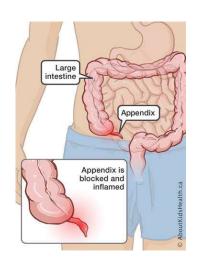


Medical inventions
Preclinical studies
Clinical trials
Market release
Integrate into clinical workflow
Evaluation (many studies)

Paradigm shift

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Acute appendicitis



The lifetime risk of appendicitis is 8.6% for males and 6.7% for females.

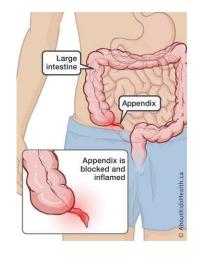
Typical initial symptom: epigastric pain, shift to right lower quadrant, diffused abdominal pain if perforated

Treatment: Appendectomy

Image source: https://www.aboutkidshealth.ca/appendicitis

Acute appendicitis





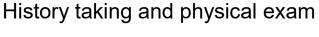
1848, First abdominal surgery for appendicitis 1894, McBurney incision 1980, Kurt Semm performed the first laparoscopic appendectomy

Image source: https://www.aboutkidshealth.ca/appendicitis

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Diagnosis point of view



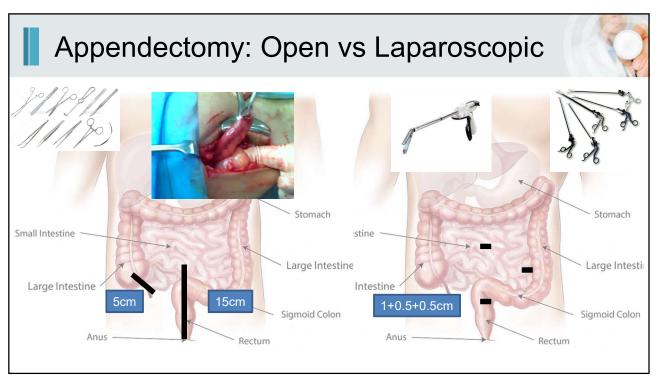
"15% negative appendectomies"

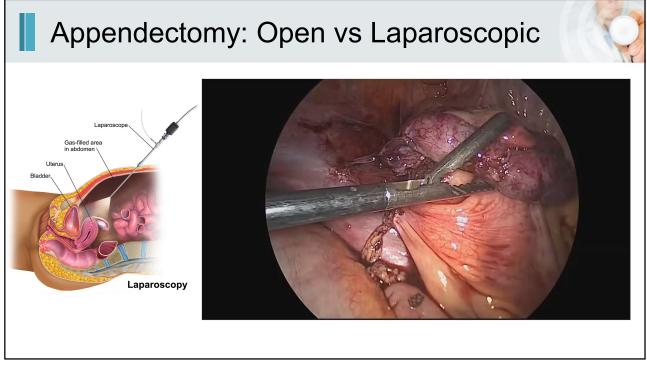
Alvarado score in 1986, sensitivity: 72%

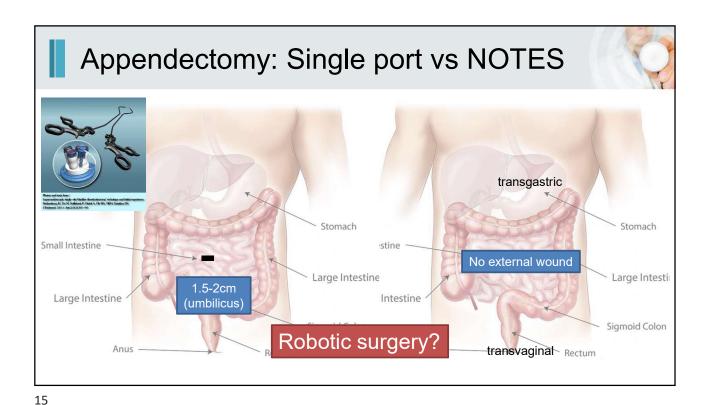
Computed tomography, sensitivity: 95%, Specificity: 96%



Pros and cons, What is your choice? What's people's selection in 1990?









Appendectomy: Open vs Laparoscopic



The laparoscopic approach was superior for:

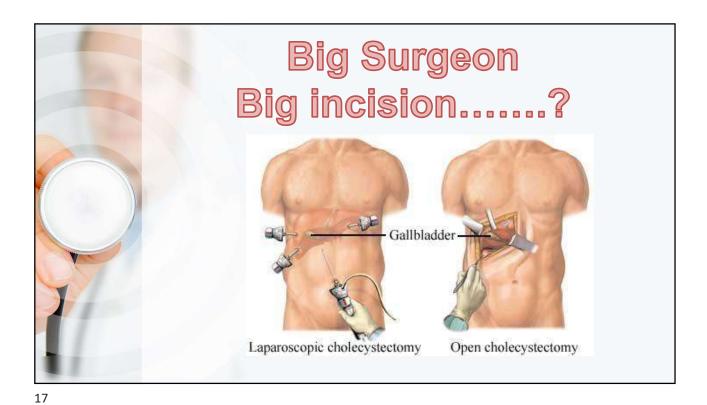
- A lower rate of wound infections (OR 0.3 to 0.52)
- Harm?
- Less pain on postoperative day 1 (↓ 0.7 to 0.8/10-point)
- Shorter duration of hospital stay (↓0.16 to 1.13 days)

The open approach was superior for:



- A lower rate of intra-abdominal abscesses (OR 1.56 to 2.29)
- A shorter operative time (↓ 7.6 to 18.3 minutes)





Spleen injury



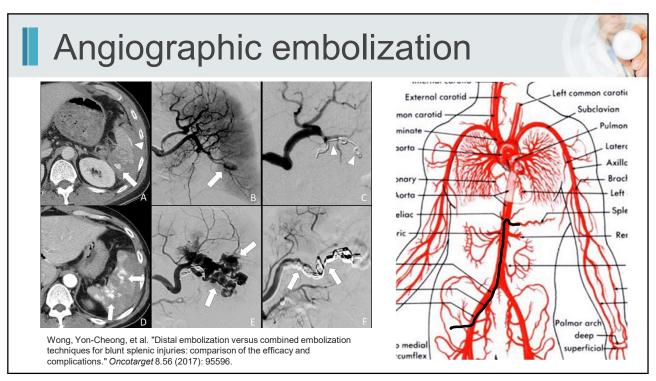
Diagnosis:

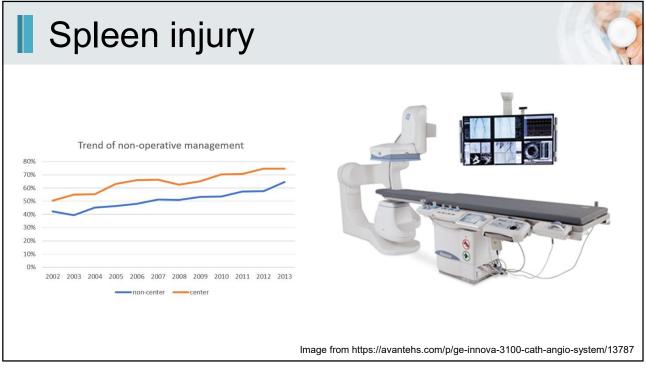
Deep peritoneal lavage?
Ultrasound (FAST)
Computed tomography (speed matters)

Treatment:

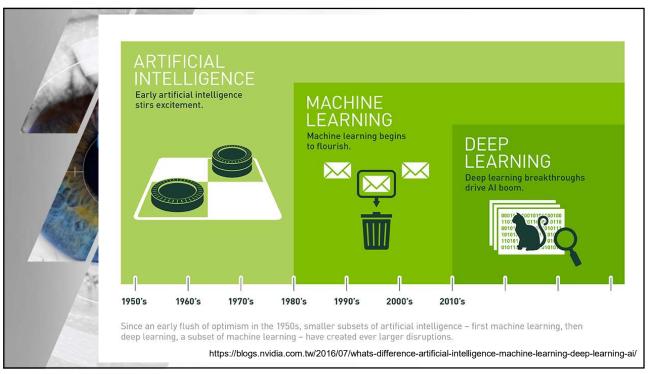
Splenectomy

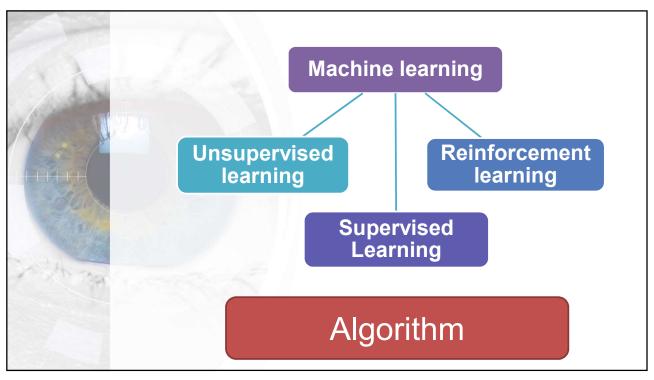
Observation
Angiographic embolization

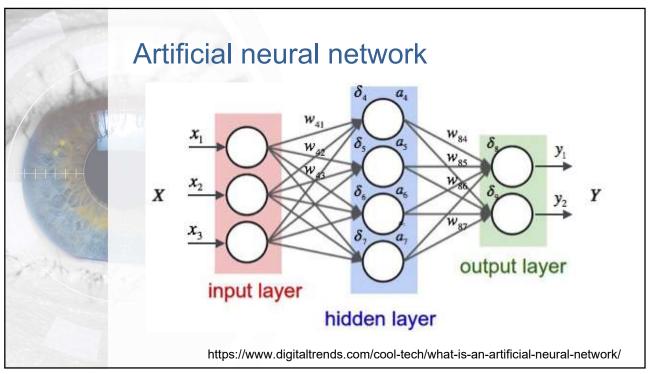


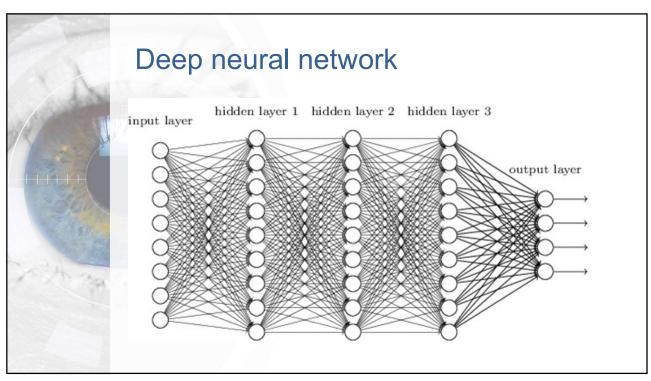


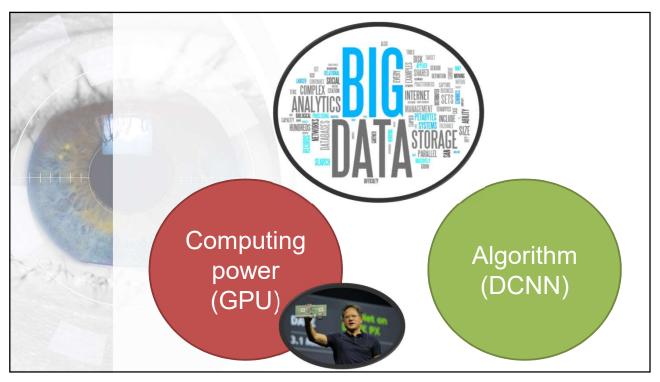




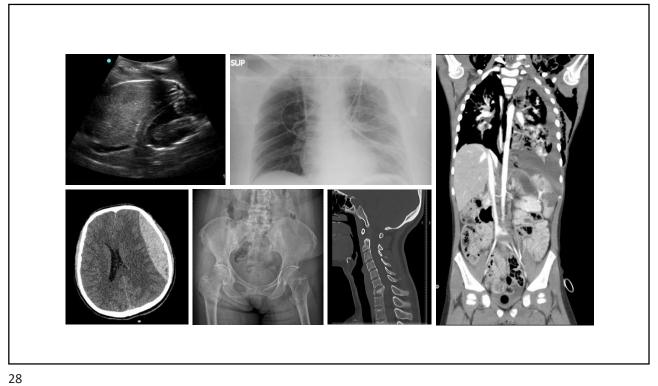


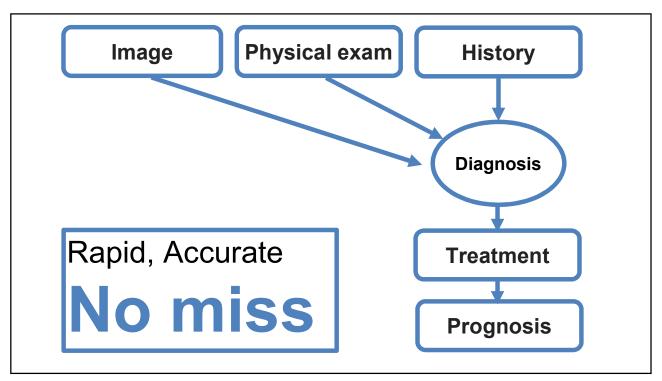


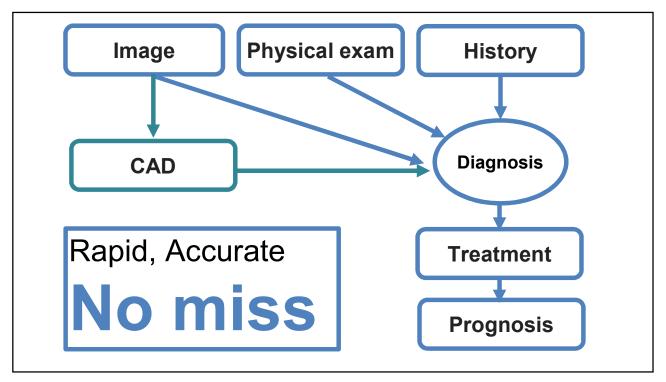














IMPACT EVALUATION

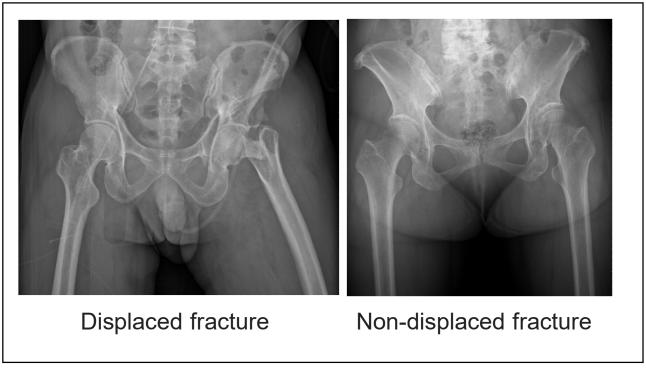
10-14% of people with a hip fracture miss-diagnosed

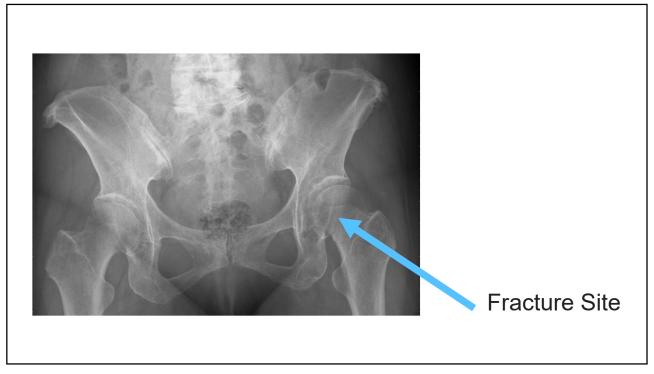
Miss-diagnosed hip fracture Doubled the risk of dying before the end of the first postop year

Kirby et al. Radiographic Detection of Hip and Pelvic Fractures in the Emergency Department. AJR, 2010.

Cabarrus et al. MRI and CT of insufficiency fractures of the pelvis and the proximal femur. AJR, 2008.

Brauer et al. Incidence and Mortality of Hip Fractures in the United States. IAMA 2009.





CHARACTERISTICS OF THE CASES With hip fracture Without fracture p-value No. 1975 1630 Age 72.34 (16.73) 44.88 (20.46) <0.001</td> Gender 839 (42.0) 1112 (68.2) <0.001</td>

14.01 (9.29)

NA

NA

< 0.001

9.96 (4.21)

931(47.1%)

1044 (52.9%)

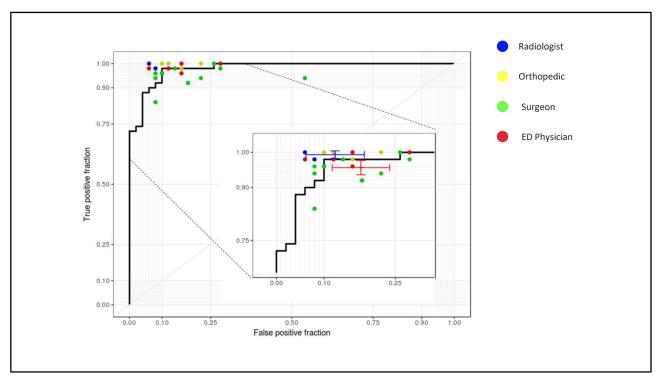
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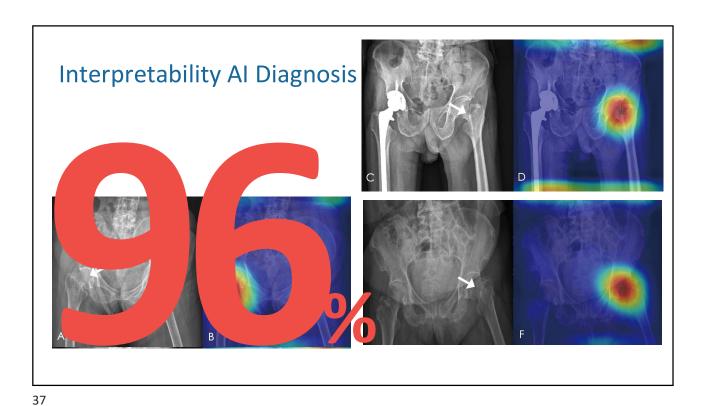
ISS

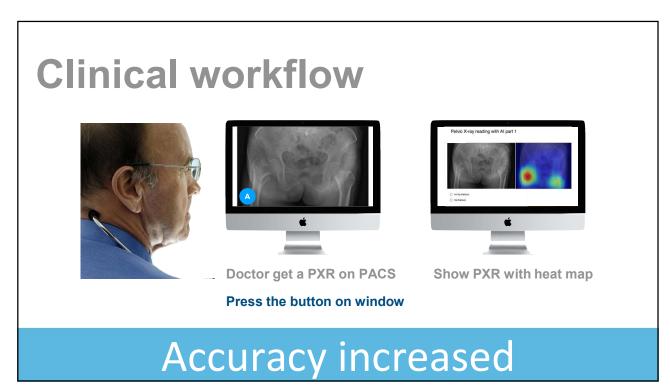
Fracture type

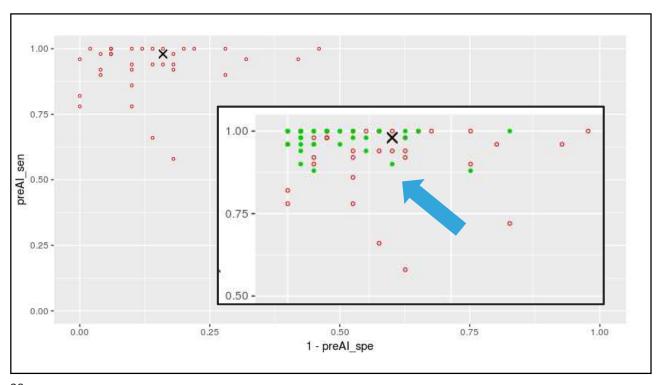
Femoral neck

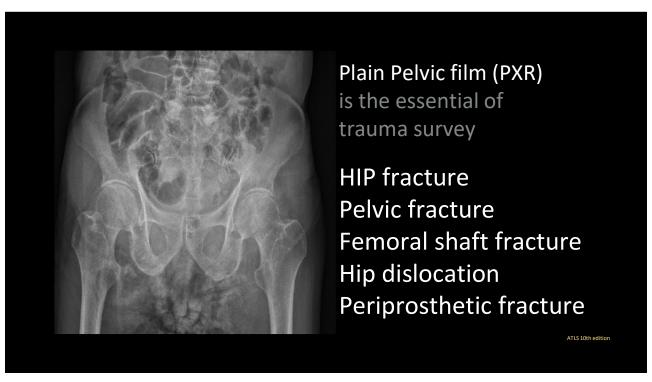
Trochanteric











Take home message

- Q
- Practice changes as technology advances.
 Slow, but it happens
- · Patient outcome is determinant.
- Try to identify the problem from clinical workflow.
- · We can make medicine better!



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