

RECURSO DA QUESTÃO 69: INDEFERIDO

Resposta Recurso Questão 69

A criança apresenta quadro clínico estável com lesão esplênica grau III. Conforme literatura recomendada - Holcomb, 7ª ed, cap. 16, pag. 237

A recent prospective study by the ATOMAC group suggested an overall NOM failure rate of 8% in solid organ injury, with only 4.4% failing for bleeding (the remainder failed for other associated intra-abdominal injuries).¹² **The frequency of failure for isolated solid organ injury failure was even lower at 0% for splenic injury and 3.9% for liver injury.**¹² Most published studies, however, show that hospitals never reached the 95% NOM rate benchmark for stable patients set by APSA in 2000.³ Although some failures may be related to differences in management approach by the type of hospital or provider specialty, concurrent intestinal or pancreatic injury probably also prevented a higher rate of success.

Several studies have noted improved resource utilization and higher rates of NOM when management guidelines are used.^{40–42} The APSA guideline published in 2000 applied to only hemodynamically stable patients and recommended hospitalization based on grade of injury.⁴ In that guideline, the formula for the duration of hospitalization was calculated as the number of hospital days equal to injury grade + 1 day. Use of the intensive care unit (ICU) was reserved for grade IV or grade V injuries. However, management based on CT injury grade has been challenged,^{4,6,43} and many centers have adopted the ATOMAC guideline published in 2015 (Fig. 16.7).^{12,44} This guideline was based on the initial work of the group in Arkansas⁴³ and validated by St. Peter et al.^{5,6,45} Whereas the initial algorithm was based on stability, the current algorithm is based on a clinical suspicion of recent or ongoing bleeding. Over the decades in which CT scanning became routine, the 2000 APSA guideline probably leads to hospitalization for longer periods than needed.⁴⁶ Several studies have shown an abbreviated period of hospitalization is safe.^{6,43,47,48} The ATOMAC guideline was subsequently prospectively studied in a recent multicenter 3-year study.⁴⁹ The updated guideline performed well and was able to correctly guide therapy for all children with blunt liver and/or spleen injury stable enough to undergo CT scan.