**TITLE : BANG! PENETRATING GUN SHOT INJURY**

**INTRODUCTION**

Abdominal Gunshot Injury (GSI) often resulting in significant morbidity and mortality. Recognizing emergent surgical intervention is crucial, as in hemodynamic instability and evidence of peritonitis. Historically abdominal GSI managed by mandatory exploratory laparotomy approach. Recently, an option for nonoperative management in selected patients with tangential/low-velocity gunshot wounds , no signs of peritonitis or hemodynamic instability has emerged.

**CASE**

A 23 year old man presented in Emergency Department (ED) due to GSW to the abdomen with police handgun from 5 metres away. On examination, the patient was alert but hemodynamically unstable. Primary survey revealed two puncture wounds at right thoraco-abdominal region and left midclavicular line piercing through 11th intercostal space. There is also through and through wound at left lateral and medial elbow measuring 0.5x1cm. Lungs were clear and abdomen was distended with peritonism. eFAST showed free fluid over the Morrison’s pouch. He was succesfully resuscitated, intubated and 2 pints packed cell were transfused. Then the patient was transferred to the tertiary centre for CT TAP which confirmed the grade 4 liver injury with hemoperitoneum. The patient however initially went for conservative treatment before underwent exploratory laparotomy the day after.

**DISCUSSION**

In GSI cases, energy transmitted to tissues poses risk of high mortality. From those mortality with penetrating abdominal injuries, 90% due to abdominal GSI. Factors determining extent of injuries are missile velocity and distance. History can also aid in determining missile trajectory however it is not reliable in this patient.

In a district hospital setting, eFAST is a valuable rapid assessment. However it cant evaluate the whole extent of intra-abdominal injuries and deciding intervention. This lead to the need of step up Inter Facility Transfer (IFT) and transfer delay for definitive care could lead to worse patient outcomes. However, from literature no standard definition of transfer delay were published.

**CONCLUSION**

Abdominal GSI incidence is still uncommon in Malaysia as compare to more develop countries. However principle of approach and management of traumatic abdominal GSI has been streamlined over the last few decades and this lead to substantial decrease in mortality rates.

**KEYWORDS**

Gunshot