Abdominopelvic Injuries in Lateral Motor Vehicle Crashes with Side Airbags: Another Bag?

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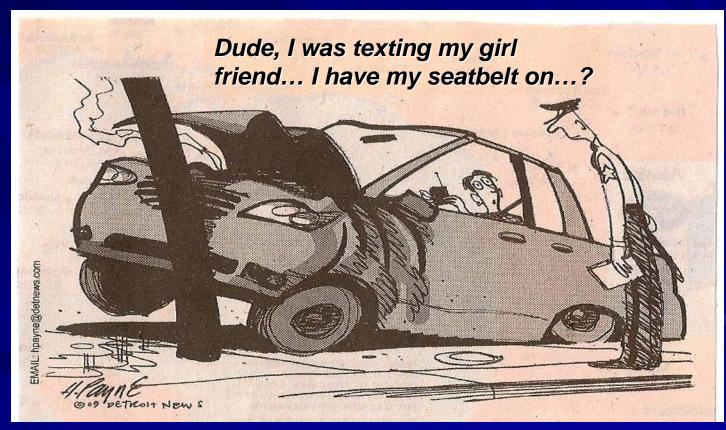
Outline

- Morbidity and mortality of abdominal and pelvic injuries:
 - Solid organs
 - Hollow Viscus Injuries (HVI)
 - Pelvis
- Federal Motor Vehicle Safety Standards (FMVSS 214)
- Current side impact air bag coverage
- Analysis of side impact air bags in the CIREN database



Disclosures

Nothing to Disclose







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Background

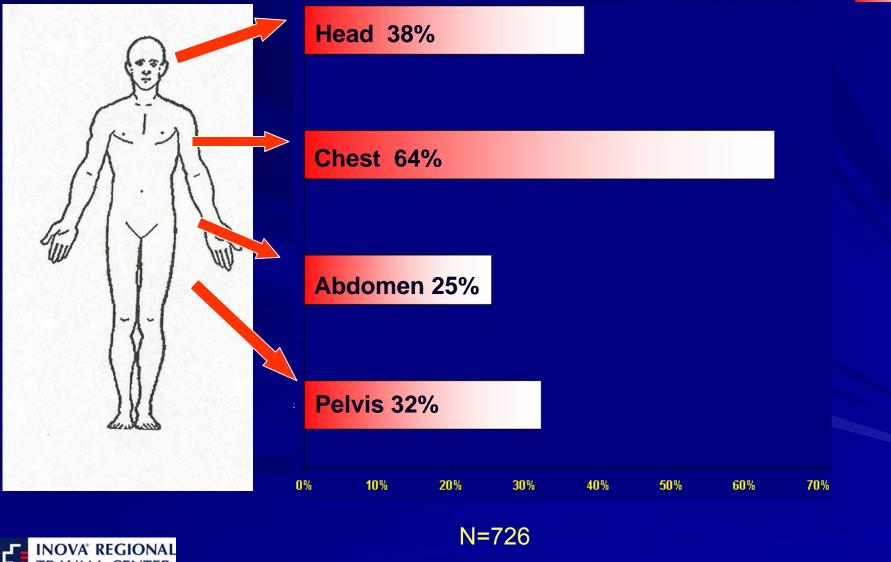
- Side impacts = 26% of all MVC's
- 32% have AIS 3+ injuries
- Thorax and pelvis most likely to be injured in near-side impacts
- Thorax and pelvic injuries are associated with door intrusion
- NHTSA estimated head and torso SIAB reduce fatality in near side crashes by 24%

Samaha 2003 Lau 1991,Chung 1999,Samaha 2003 Department of Transportation, National Highway Tra-

Department of Transportation, National Highway Traffic Safety Administration, "Federal Motor Vehicle Safety Standards; Side Impact Protection; Side Impact Phase-In Reporting," Federal Register, Vol. 72, No. 175, Tuesday, September 11, 2007.



Injury Distribution in Near Side Crashes with AIS>3 Injuries



INOVA REGIONAL TRAUMA CENTER

Aldaghlas 2009

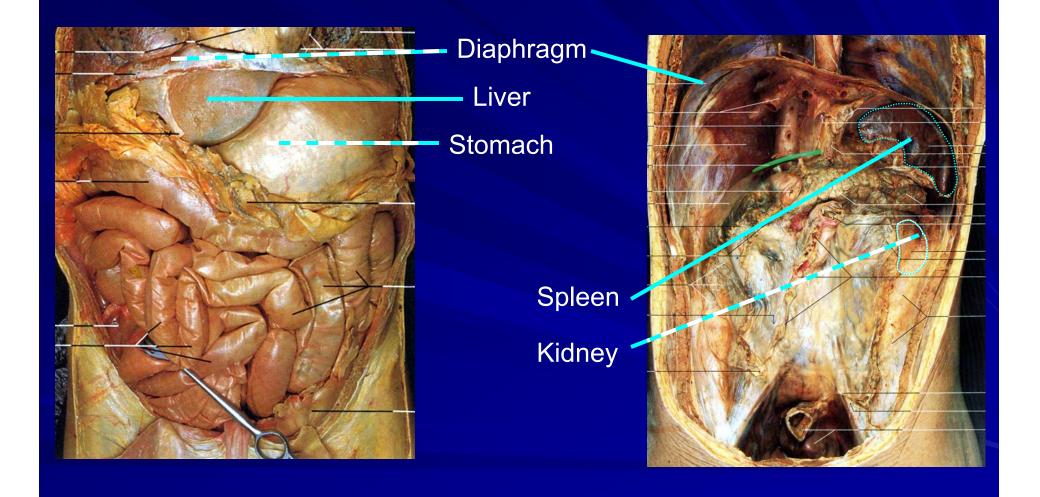
Abdominal Pelvic Contents

Peritoneal organs

- diaphragm, liver, spleen, stomach, small bowel and transverse colon
- Retroperitoneal
 - aorta, vena cava, pancreas, kidneys, ureters and portions of duodenum and colon
- Pelvis
 - rectum, bladder, iliac vessels, internal genitalia of women



Abdominal Anatomy





Solid Organ Injuries

- Spleen most commonly injured (60%), mortality 6-10%
- Liver second most commonly injured, mortality 8-10%
- Mechanism: direct compression, rate of compression, rib fractures, acceleration



Hollow Viscus Injuries (HVI)

Small bowel injury relatively uncommon (<1% of all trauma admissions)
 Intestine = 3rd most commonly injured abdominal organ in blunt trauma (5-15%)
 Mechanism: sudden rise in intraluminal pressure, compression, acceleration

East, J Trauma 2003



Pelvic Organ Injuries

Pelvic structure protects various organs
 Pelvic fractures : GU, GI and vascular injuries
 Mechanism: direct compression, acceleration, laceration from bone

fragments



Pelvic Fractures





Mechanism of Pelvic Ring Fractures

Table				
Study	Lateral Compression, %	AP Compression, %	Vertical Shear, %	Complex Forces, %
Young et al ⁵	57	15	6	22
McCort and Mindelzun $\frac{8}{2}$	70	16	7	7
Tile ⁹	71	13	16	0



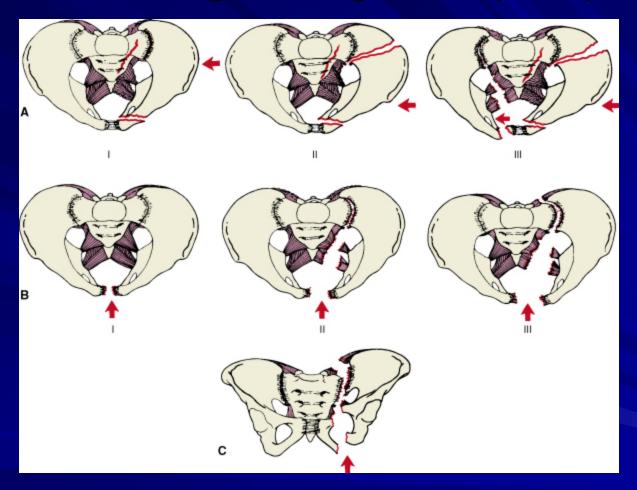
Thornton 2009

Pelvic Fracture Classification

Tile and Young-Burgess:
 Both based on direction of injurious force
 Relates to type of treatment required and prognosis



Young-Burgess (YB)





Injury Types Based on YB Classification

AP compression

Based on direction of injurious force Pubic diastasis with or without SI joint disruption Causes external rotation of either hemipelvis or both External rotation increased volume: increased bleeding







Injury Types Based on YB Classification

 Lateral compression
 Sacral buckle and horizontal pubic rami fractures
 Causes internal rotati

- Causes internal rotation of either hemipelvis or both
- Internal rotation creates decreased volume: less bleeding





Injury Types Based on YB Classification

Vertical shear injury

 A vertical force to hemipelvis (by femur)
 Hemipelvis is displaced in a cranial direction

 Complex fracture

 Forces applied > one primary vector

 Most MORBID injury





Pelvic Fractures Mortality

Associated with high mortality
 Overall mortality 16%
 Uncontrolled pelvic hemorrhage 39%
 Open fractures 45%



Grotz 2005 Dente 2005

Pelvic Fractures Morbidity

- Infection, pain, nerve damage (10-15%), malunion or nonunion, DVTs and PEs
- Complications in women: urinary tract (21%), lower GI symptoms (8%)
- Long term disability: <50% of patients who are operated return to their preinjury level of function
- Mechanism: direct compression, tension, bending, shear



Huittinen 1972 Weis 1984

Timeline of Federal Safety Rules

crashes

DOT created Front seat shoulder belts Passive restraints in all cars Dual frontal AB in all cars Performance requirements added to decrease injuries in side impact



FMVSS No. 214

Protect occupants in near side crashes
Side impact requirements for passenger cars: October of 1990
Defined minimum requirements for thoracic and pelvic protection
New requirements in 2010: criteria for abdominal and pelvic regions



Current Testing for Side Impact HIC (Head Injury Criterion) TTI (Thoracic Trauma Index)

- Maximum Pelvic Acceleration Criteria (130g)
- No current abdominal criteria



Air Bag Deployment Review 726 near side crashes reviewed 586 near side crashes without SIAB installed 28 SIAB did not deploy 112 vehicles with SIAB deployment 61 deployments with head coverage 111 deployments with thorax/abdomen coverage 4 deployments with pelvic coverage



Types of Side Impact Air Bags Torso and head: Roof rail and door mounted







Types of Side Impact Air Bags Torso and head: roof rail and seat mounted









Head Injuries

		Head Injury		
				Severe
Crash_Severity	Air Bag Type	None	Minor	(>3)
Minor - Zone 1	Side air bags with head coverage	0.0%	0.0%	0.0%
	Side air bags without head coverage	0.0%	0.0%	0.0%
	No side air bags	25.0 %	25.0 %	50.0%
Moderate - Zone 2-3	Side air bags with head coverage	7.8%	1.4%	0.8%
	Side air bags without head coverage	2.9%	2.1 %	2.1%
	No side air bags	37.5%	17.5%	29.1%
Severe - Zone >4	Side air bags with head coverage	2.1%	1.3%	2.1%
	Side air bags without head coverage	0.9%	1.7%	1.7%
	No side air bags	25.2 %	19.2 %	47.4%



Types of Side Impact Air Bags Torso: seat and door mounted







Chest Injuries

		Chest Injury		
				Severe
Crash_Severity		None	Minor	(>3)
Minor - Zone 1	Side air bags with chest coverage	0.0%	0.0%	0.0%
	Side air bags without chest coverage	0.0%	0.0%	0.0%
	No side air bags	50.0 %	25.0 %	25.0%
Moderate - Zone 2-3	Side air bags with chest coverage	7.4%	0.4%	7.2%
	Side air bags without chest coverage	0.0%	0.8%	0.8%
	No side air bags	27.2%	4.1%	52.8 %
Severe - Zone >4	Side air bags with chest coverage	2.1%	0.4%	5.6%
	Side air bags without chest coverage	0.0%	0.0%	0.0%
	No side air bags	22.6 %	3.0 %	66.2%



Abdominal Injuries

		Abdominal Injury		
				Severe
Crash_Severity		None	Minor	(>3)
Minor - Zone 1	Side air bags with abdominal coverage	0.0%	0.0%	0.0%
	Side air bags without abdominal coverage	0.0%	0.0%	0.0%
	No side air bags	75.0 %	0.0%	25.0%
Moderate - Zone 2-3	Side air bags with abdominal coverage	9.3%	2.1%	3.7%
	Side air bags without abdominal coverage	0.2%	0.2%	0.2%
	No side air bags	52.8 %	13.2%	18.1%
Severe - Zone >4	Side air bags with abdominal coverage	3.0%	0.9%	4.3%
	Side air bags without abdominal coverage	0.0%	0.0%	0.0%
	No side air bags	47.4%	16.2 %	28.2%



Types of Side Impact Air Bags Torso and pelvis: seat mounted



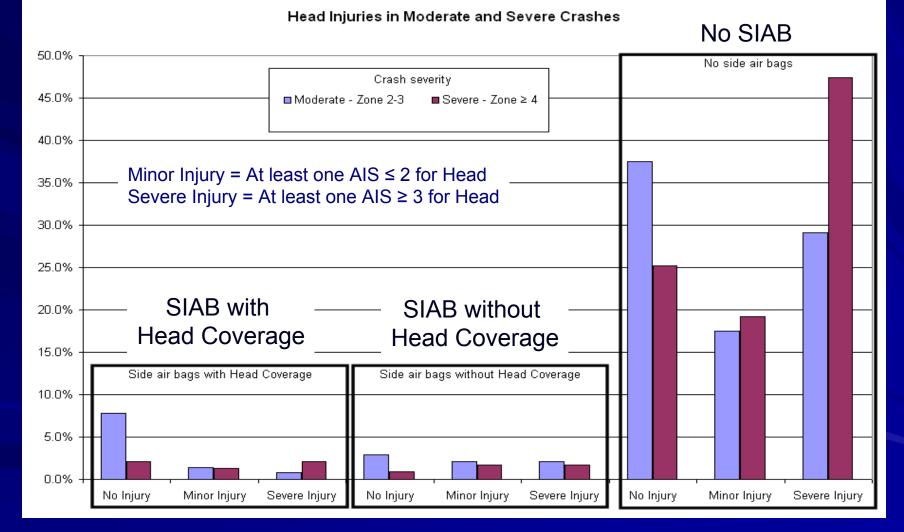


Pelvic Injuries

		Pelvic Injury		
				Severe
Crash_Severity		None	Minor	(>3)
Minor - Zone 1	Side air bags with pelvic coverage	0.0%	0.0%	0.0%
	Side air bags without pelvic coverage	0.0%	0.0%	0.0%
	No side air bags	75.0 %	25.0%	0.0%
Moderate - Zone 2-3	Side air bags with pelvic coverage	0.2%	0.2%	0.0%
	Side air bags without pelvic coverage	7.8%	5.4%	5.4%
	No side air bags	45.8 %	12.6%	25.8%
Severe - Zone >4	Side air bags with pelvic coverage	0.0%	0.0%	0.4%
	Side air bags without pelvic coverage	2.1%	3.4%	3.4%
	No side air bags	40.6 %	20.1 %	31.2%

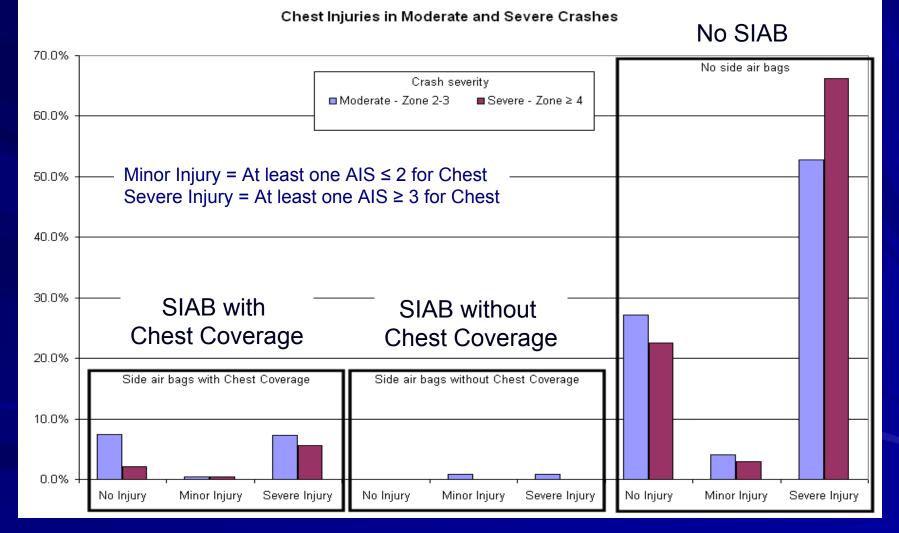


Head injury vs. SIAB coverage



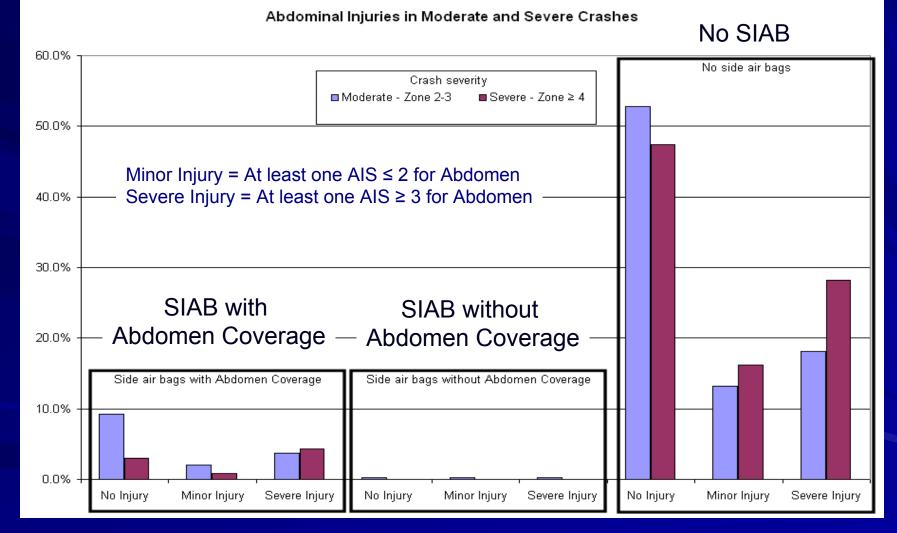


Chest injury vs. SIAB coverage



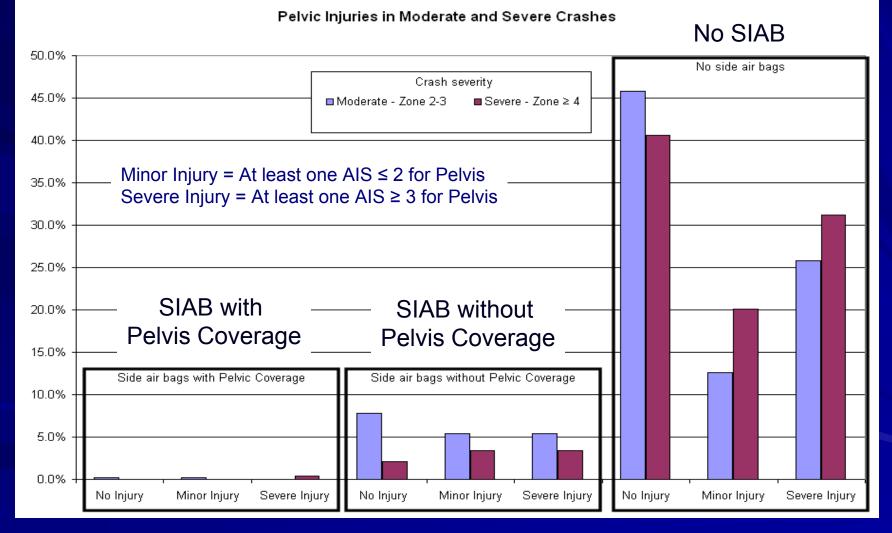


Abdominal injury vs. SIAB coverage





Pelvic injury vs. SIAB coverage





Injury Distribution in Severe Near Side Crashes with AIS>3 Injuries

With Air Bags			Without Air	Bags	
2%	4		47%		
6%			66%		
4%			21%		
<1%			38%		
NOVA' REGIONAL Frauma center	N=72	20			

£

Conclusion

Current side air bag coverage focuses on the head and torso

SIAB (head, chest, abdomen) extend protective benefits to other body regions: EXCEPTION

Pelvis

Lesser extent abdominal organs

Few SIAB extend to the pelvic region, leaving pelvis unprotected in a majority of crashes



Conclusion Future Horizons

Additional data variables describing side air bag coverage zones in crash research databases would enable researchers to focus more specifically on reduction in injuries to the AP region



Conclusion Future Horizons

The new injury criteria for FMVSS 214 in 2010 for the protection of AP regions will reduce injuries and disabilities from side impact crashes

Recommendations: Pelvic AB coverage
 Structural Integrity Change



Limitations

Limited details on SIAB coverage area available for research
 Small sample size of current pelvic SIAB
 Abdominal organ mechanisms of injury need more study



Questions?

Snapshots at jasonlove.com



"No need to wear your seatbelt, son. If you crash my car, you won't want to live."

