

## Wide vs. Narrow Frontal Crashes: Do Injury Patterns Differ?

**Presenters:** 

Gail T. Tominaga, MD, FACS (Co-PI)

Steve Erwin (Crash Investigator)

September 2006

## **Presentation Objectives**



- Discuss differences between wide and narrow impacts
- Present examples of wide and narrow impacts investigated by San Diego CIREN
- Compare injury experience of occupants in widely
   vs. narrow impacts using CIREN database
- Discuss implications for injury prevention comparing wide vs. narrow impacts

## Why Study Wide vs. Narrow Impacts Using CIREN Data?



- ◆ NHTSA frontal crash test: "head on" into fixed barrier to assess safety system effectiveness
  - ➤ Not tested on narrow impacts
- Delta T differs for wide and narrow impacts
- Real world experience provides information on safety system effectiveness during narrow impacts



## **Definitions**

### **♦**Narrow impact

- ►6<sup>th</sup> column of CDC="N"
- Damage distribution across frontal plane < 41 cm

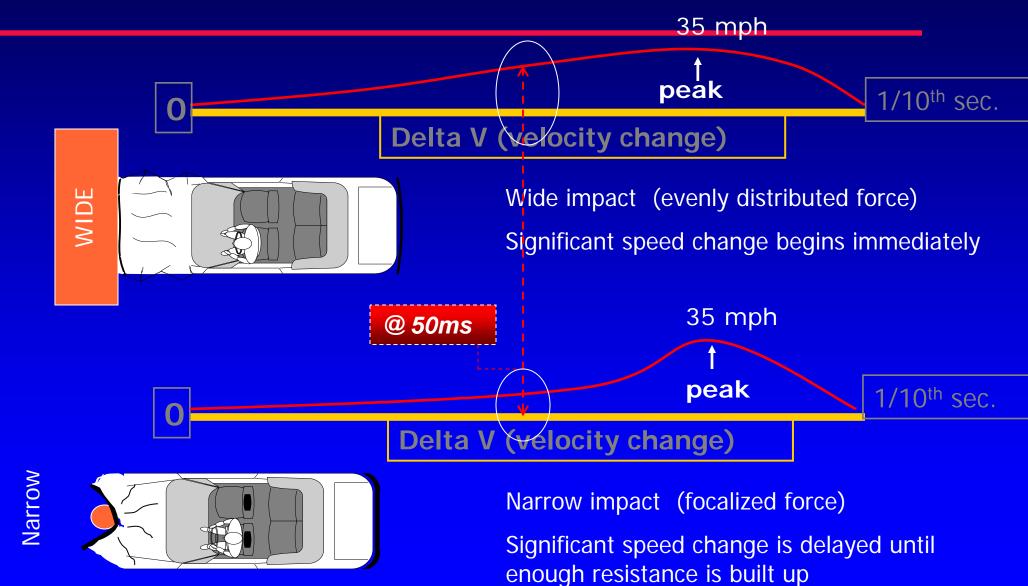
## Wide impact

- ►6<sup>th</sup> column of CDC="W" and 4<sup>th</sup> column of CDC="D"
- ➤ Wide damage distribution across 66% of frontal plane

## Deceleration pulses wide

vs. Narrow Impacts (Delta V / Delta T)



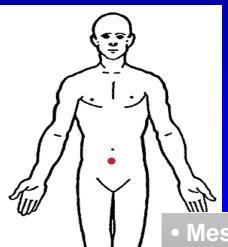




#### **Driver – sole occupant**

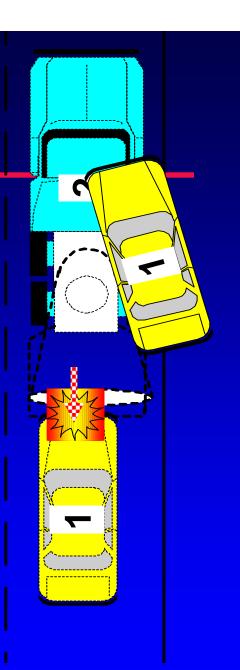
21yo male, 6'2", 205 lbs

Pretensioner equipped belt used, frontal impact air bag(s) deployment. Bucket seat between mid & rear, slightly reclined. Cushion twisted to right, seat back twisted to left due to remote buckling



12:00 PDOF

- Mesenteric arterial avulsion
- Small bowel avulsion
- Sigmoid colon "degloving" injury
- Left testicular artery and vein laceration
- Right rectus muscle partial transection



#### Crash: 1 event

- Frontal to Vehicle Back plane full end plane impact
- Case vehicle
  2003 Mitsubishi Lancer
  4-door sedan, 2697 lbs.
  12:00 PDOF (Zero-degrees)
  54 kmph BES DV (34 mph)
- Opposing vehicle (V2)
   2003 Peterbilt 3-axle "cement truck" nfs.
   Heavy Truck, full load, > 10,000 lbs GVWR
- 6:40 am, Saturday, cloudy, dry, daylight

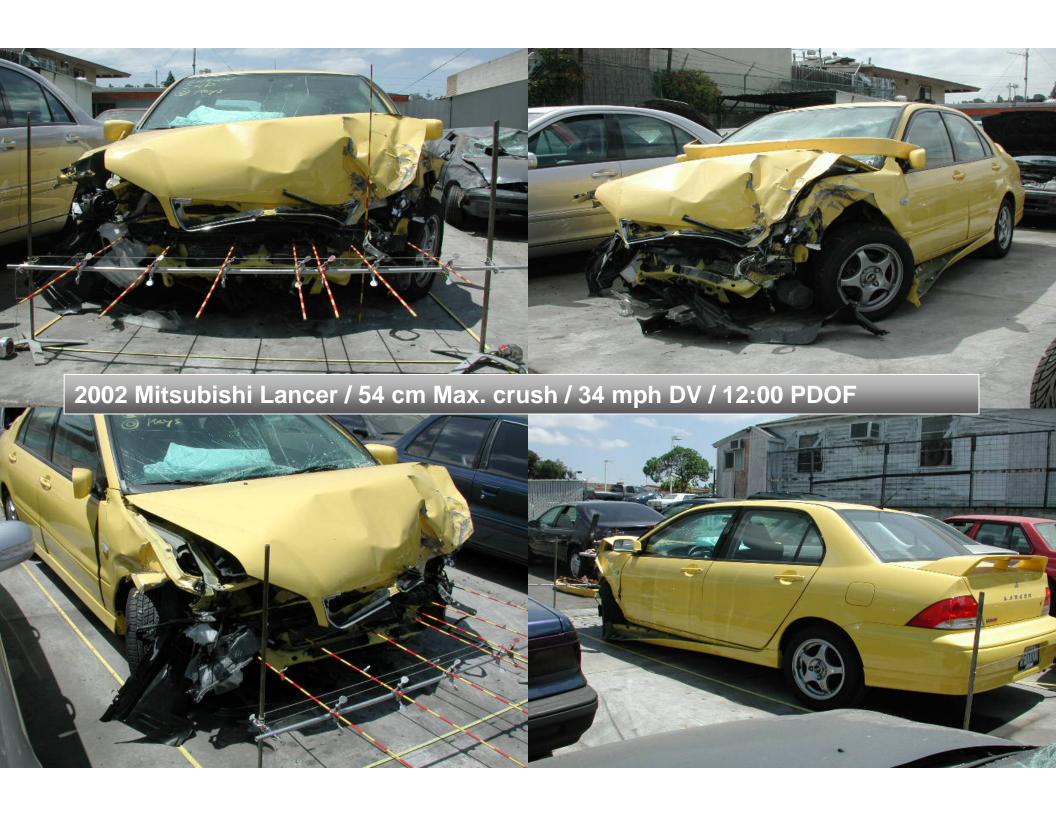




FRP V1 (est.)

> V2 2003 Peterbilt cement truck full load, approximated 25 mph

V1 2003 Mitsubishi Lancer 2697 lbs



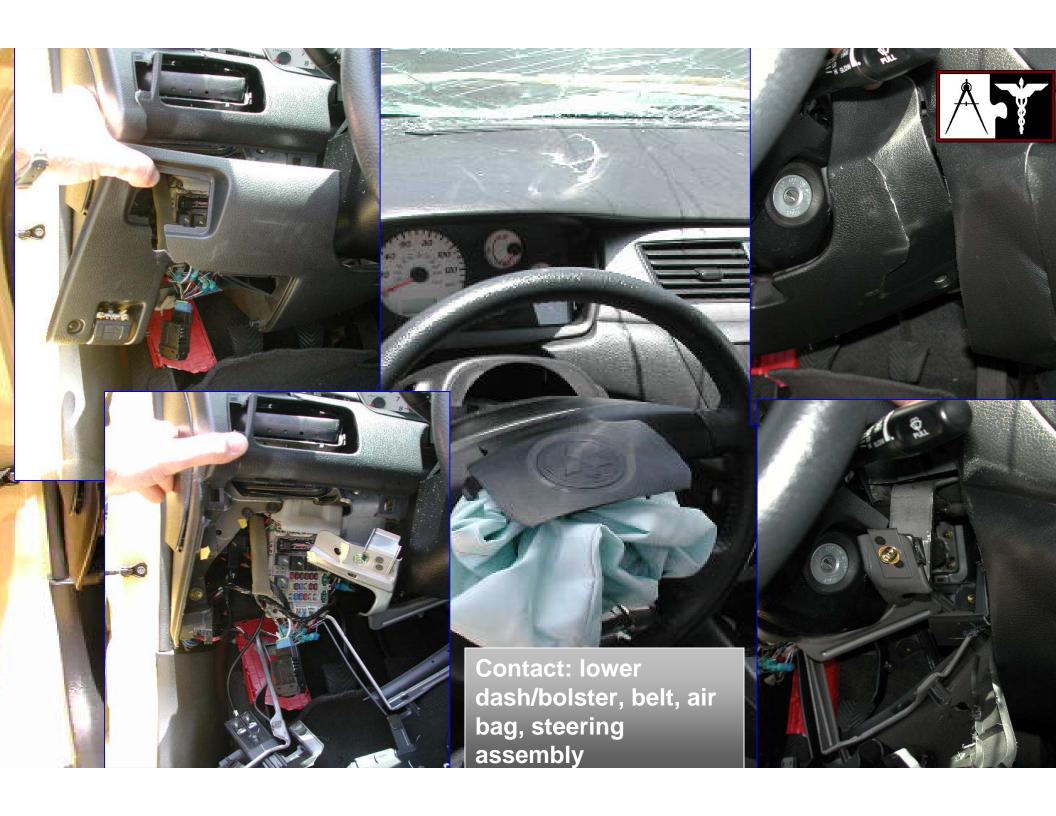


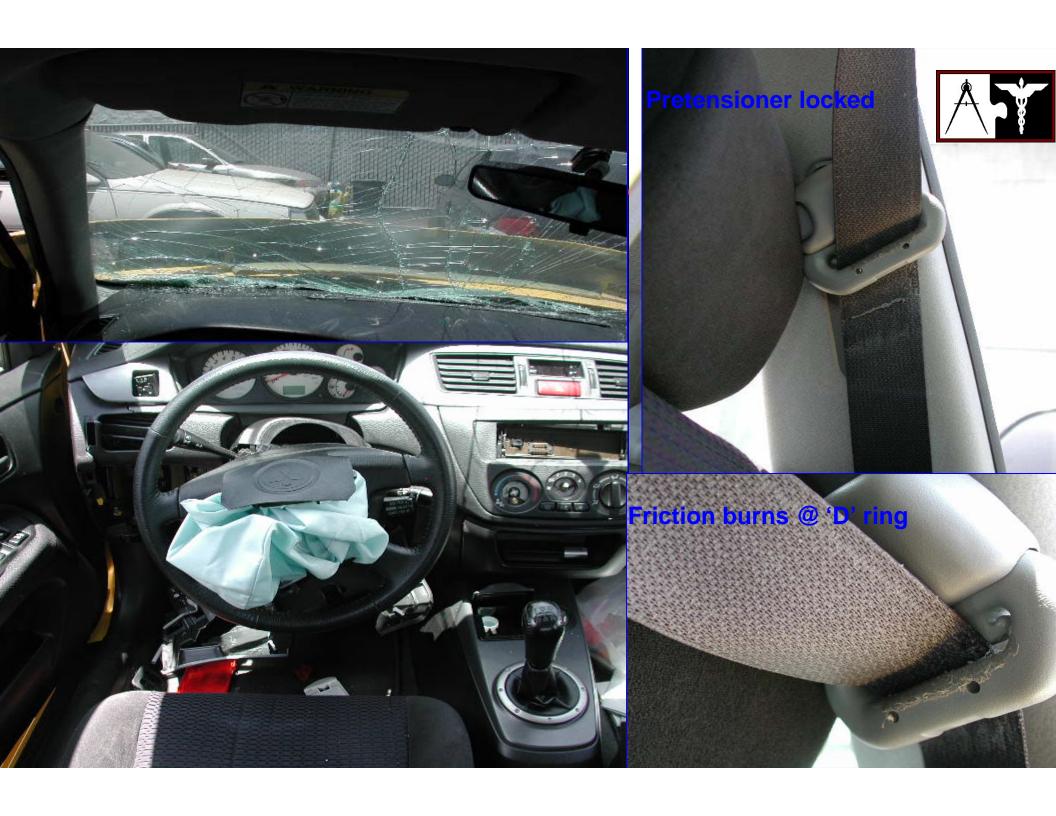












## Wide Impact CIREN Case





Right lower abdominal abrasion

**Left lower abdominal abrasion** 





## Wide Impact CIREN Case

- ◆ 21 year old male, 6'2", 205 lbs
- ◆ MAIS 4, ISS 17
- Ground transport to ED with complaint of pain
- ◆ US and DPL positive ⇒ OR ½ hour after arrival
- Multiple operative procedures
  - Exploratory laparotomy, repair of partial transection of right rectus muscle
  - Ligation of mesenteric arterial bleeds, left testicular artery, and left testicular vein
  - > Small bowel resection with primary anastomosis
  - Sigmoid colon resection with primary anastomosis



## Wide Impact Case: Injury Sources

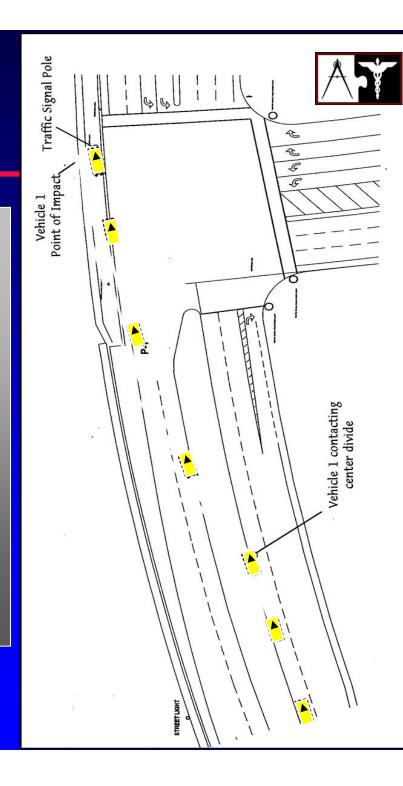
#### **♦** Abdomen

- ► AIS 3-4 Major lac of arteries and veins (safety belt)
- ➤ AIS 4 Massive (OIS Grade IV/V) jejunum-ileum lac (safety belt)
- ➤ AIS 4 Massive (OIS Grade IV/V) colon laceration (safety belt)
- ► AIS 1 Contusions and abrasions



#### Crash: 1 event

- Narrow front to rigid object
   30cm steel, non-breakaway utility pole, not damaged
- Case vehicle
  1996 Nissan Sentra
  4-door sedan, 2315 lbs., 100" wheelbase
  12 o'clock PDOF
  WinSmash dV = 66 mph
- •1:54 am, Saturday, clear, dry dark-street lights

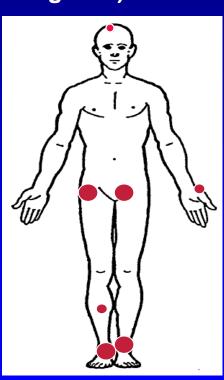


#### **Subject – Driver (sole occupant)**

30-year-old male, 5'10", 200 lbs. Belt used, frontal impact air bag(s) deployed.

- •R internal pudenal artery laceration
- R acetabulum fracture
- R posterior tibial artery and vein transection
- R fibula mid shaft fracture, nondisplaced, minimal angulation

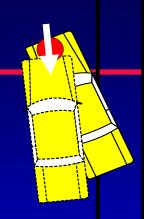
•Concussion w/ LOC < 1 hour (CT negative)



 Multiple R - foot fractures and soft tissue injury

- L extensive diastasis sacroiliac joint and pubic symphysis w/ retroperitoneal hematoma
- L iliolumbar artery laceration
- L distal tibia/fibula
- L medial malleolus
- L calcaneous fracture

12:00 PDOF



 L - hand laceration w/ extensor tendon lacerations









1996 Nissan Sentra / Max. crush = 135 cm / 12:00 PDOF / 66mph dV (stvz 45mph)



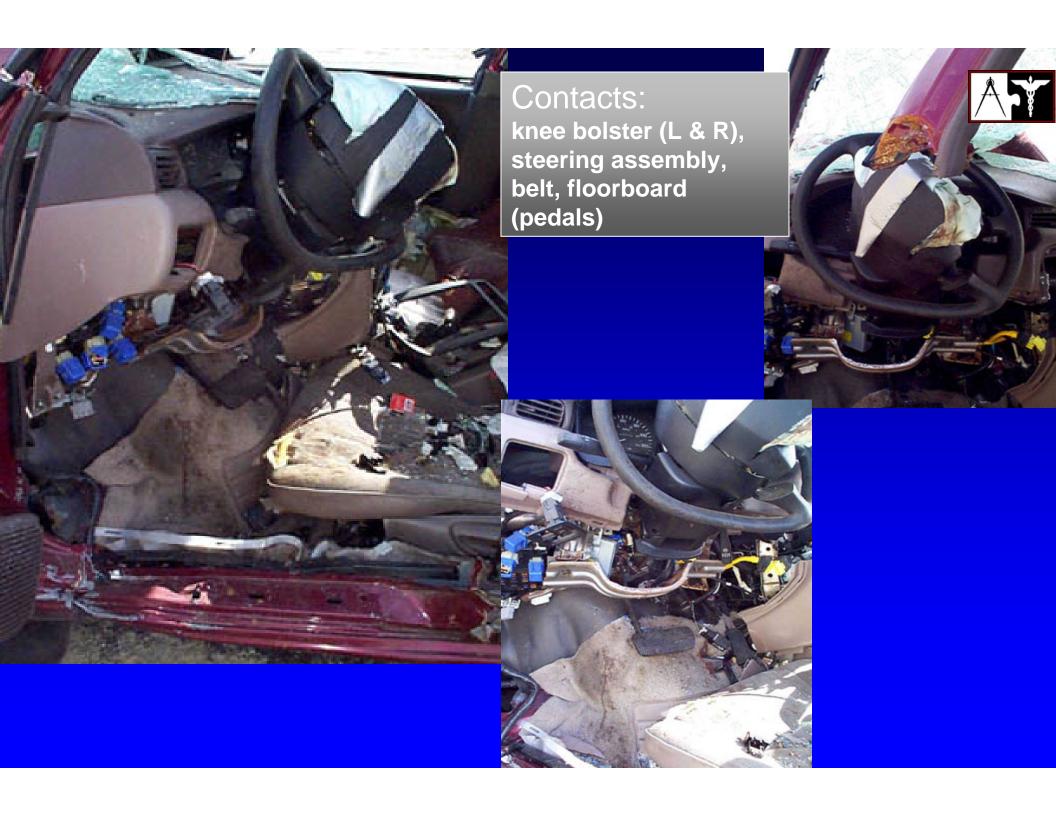






Left: dash (32), toe pan (86), steering assembly (31), A-pillar, floor pan (15) intrusion.





## Right Foot



## Left medial malleolus fracture





# Right Calcaneous Fracture





## L - Sacroiliac Joint Diastasis





## Narrow Impact CIREN Case

- ◆ 30 year old male, 5'11", 201 lb, MAIS 4, ISS 34
- ◆ 45 minute extrication ⇒ helicopter transportation
- Multiple operative procedures
  - ➤ Pelvic angioembolization: gelfoam embolism R-internal pudenal artery, coil embolism L-iliolumbar branches
  - Exploratory laparotomy
  - ORIF symphysis pubis
  - Irrigation & debridement w/splinting open heel injury
  - Vascular grafting L-tibial artery transection
  - > External fixation R-foot and ankle
  - ➤ Irrigation & debridement L-hand w/repair of 3<sup>rd</sup> & 4<sup>th</sup> digit extensor tendons
  - Closed reduction L-pilon fracture w/ internal and external fixation
  - > Closed reduction, percutaneous screw fixation L-sacroiliac joint dislocation
- Hospital length of stay 24 days, discharged to extended care facility

#### **Narrow Impact Case: Injury Sources**



#### Head

> AIS 2 LOC < 1 hour (Air bag)

#### Upper extremity

> AIS 1 Multiple hand tendon lacerations (IP)

#### Abdomen

- > AIS 4 Major laceration iliac artery (Steering wheel)
- > AIS 3 Minor laceration other named arteries (IP)

#### Lower extremities

- ➤ AIS 3 Skin laceration w/ blood loss >20% volume (IP)
- ➤ AIS 3 Symphysis pubis diastasis (Floor/toe pan)
- > AIS 3 Open, displaced, comminuted tibia shaft fx (Floor/toe pan)
- > AIS 3 Laceration arteries/veins (IP)
- ➤ AIS 2 Closed pelvic fractures (Floor/toe pan)
- AIS 2 Calcaneal fracture (Floor/toe pan)
- ➤ AIS 2 Talus, Metatarsal/Tarsal fracture and traumatic arthrotomy (Floor/toe pan)
- ➤ AIS 2 Fibula fracture (head/neck/shaft) (Floor/toe pan)
- ➤ AIS 2 Medial malleolus tibia fracture (IP)



## **CIREN Database**

Used to compare injury patterns for wide vs. narrow impacts

- Regions injured
- Within regions, compare severity and sources
- Specific injuries for selected regions



## Study Criteria

- ◆Frontal impact
  - ►PDOF=12 o'clock and GAD=F
  - ➤ Ranked #1 impact by Crash Investigator
  - ▶ Wide: damage distribution ≥ 66% of frontal plane
  - ➤ Narrow: damage distribution < 41 cm



## Study Criteria

- ◆Inclusion criteria
  - > Safety belt use
  - > Frontal air bag deployment during impact
  - $ightharpoonup AIS \ge 2$  injury severity
- Exclusions criteria
  - Children (<13 yrs)
  - **>** Passengers
  - ➤ Open cases

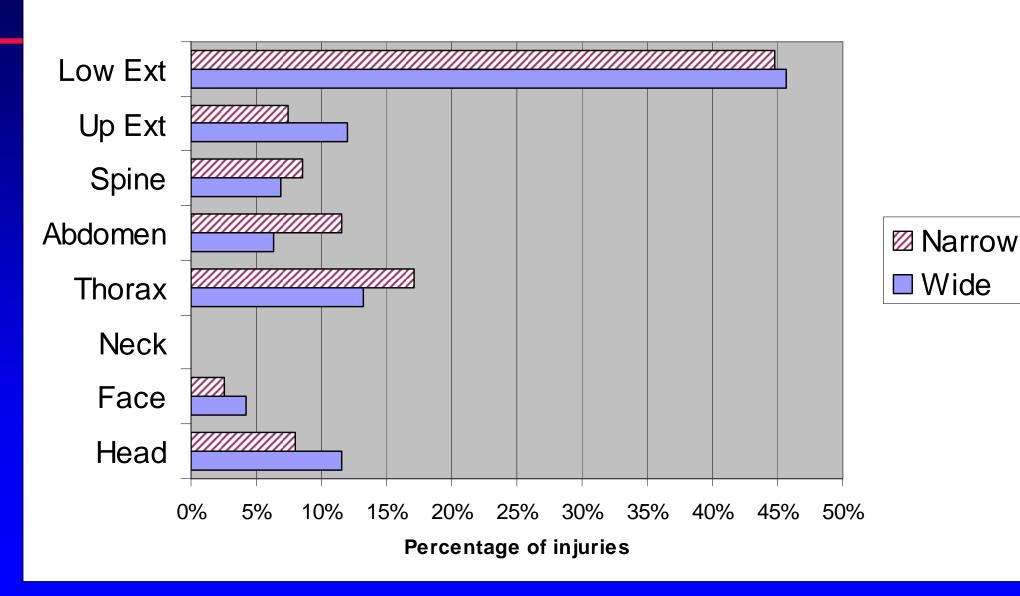


### **CIREN Cases**

- **♦** Wide Impacts: N =141
  - ► Mean age=43, Median age=41 (range: 16-80 yrs)
  - Mean ISS=19, Median ISS=14 (range: 5-75)
  - ► Mean delta V=49, Median=47 (range: 14-92 kmph)
- **♦** Narrow Impacts: N = 35
  - Mean age= 46, Median age=47 (range:17-86 yrs)
  - Mean ISS= 17, Median=14 (range: 5-43)
  - Mean Delta V=52, Median= 47 (range: 22-113 kmph)



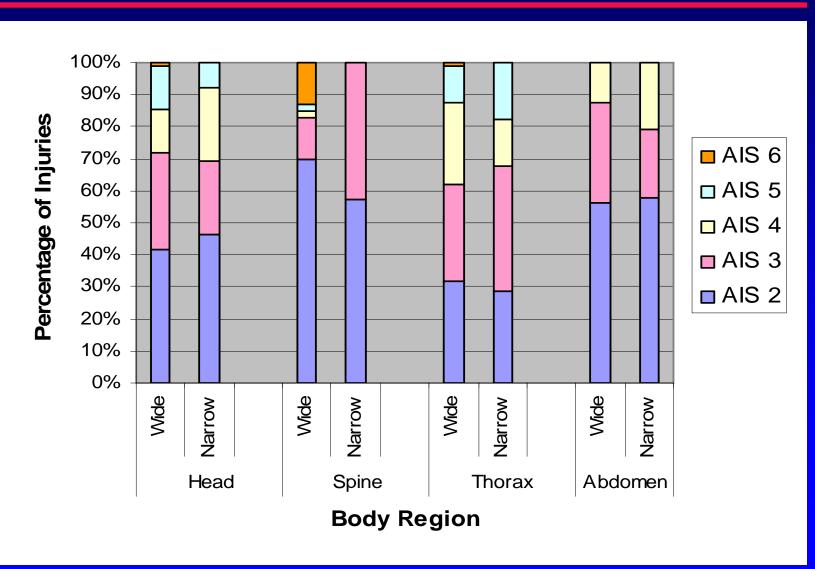
#### **Occupant Injury Regions**



#### WIDE vs. NARROW FRONTAL CRASHES



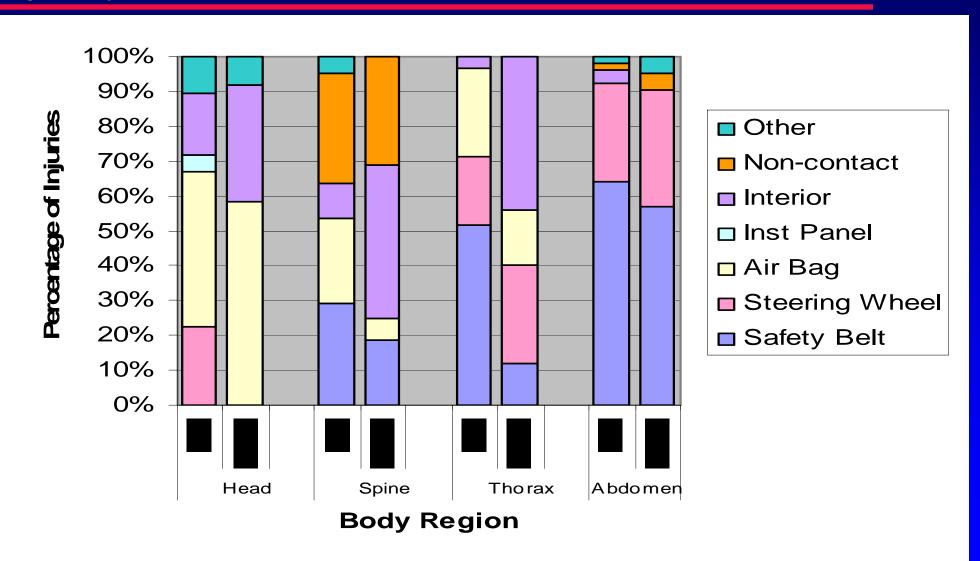
## Injury Severity by Body Region



#### WIDE vs. NARROW FRONTAL CRASHES



## Injury Sources



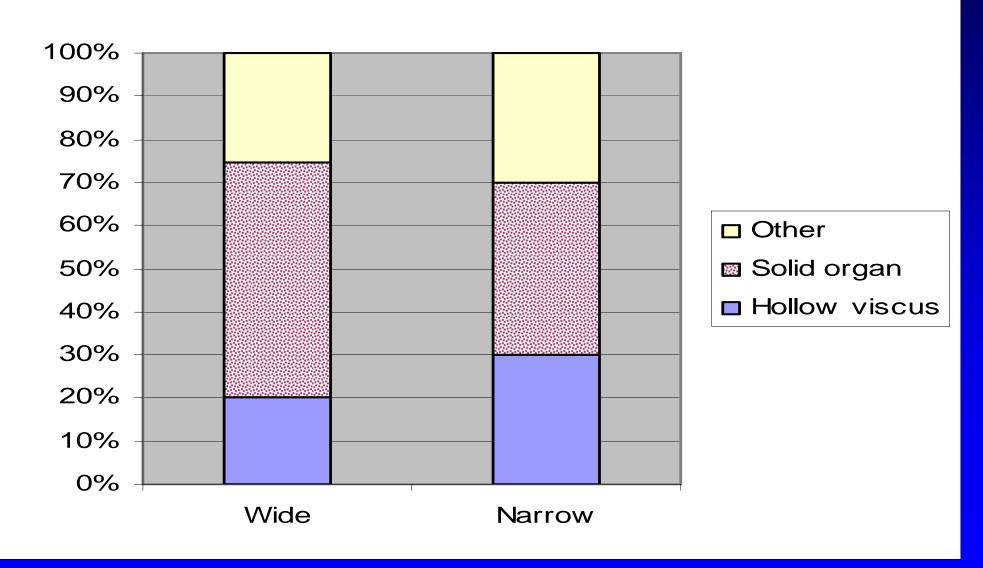


## Injury Patterns

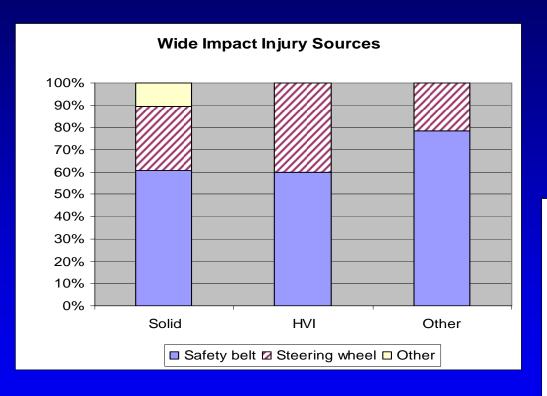
- Head
- **◆**Thorax
- ◆Abdomen\*
  - ➤ Wide impact ⇒ Solid organ injury
  - ► Narrow impact ⇒ Hollow viscus injury

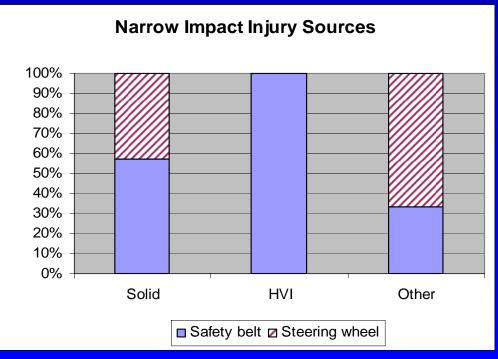


#### **Abdomen injuries**



## Source of Injuries





#### WIDE vs. NARROW FRONTAL CRASHES



## Differences in Abdominal Injury

	Wide	Narrow
Abdominal injury	Solid organ	Hollow viscus
Seatbelt use & air bags	100%	100%
Age (years)	Mean 43, Median 41	Mean 46, Median 37
ISS	Mean 19, Median 14	Mean 17, Median 14
Death	11%	3%
Type of Auto = Car	77%	74%
Object hit	78% moving auto	89% pole or tree
Delta T	Evenly distributed	Focalized



## Summary

- Different injury patterns observed for some regions
  - ➤ Wide impacts have more head and upper extremity injuries
  - ➤ Narrow impacts have more abdomen and thoracic injuries
  - ➤ Wide impacts have more solid organ abdominal injuries compared to narrow impacts with more hollow viscus injuries
- Wide impacts result in greater injury severity for each region except the abdomen
- Different patterns of injury sources observed for some regions comparing wide vs. narrow impacts
  - Implications for vehicle and safety system design to prevent injury
- Needs further study as more CIREN cases become available



## San Diego CIREN Team

#### **Principal Investigators**

Raul Coimbra, MD, FACS (UCDS)
Gail T. Tominaga, MD, FACS (Scripps Memorial La Jolla)

#### **Team**

Sharon Pacyna, RN, BSN, MPH
Steve Erwin
Carol Conroy, MPH, PhD
MarSue May, RN, BSN
Barbara Frasier