

procedures could be extended to disaster situations.

Key words: coordination; doctors; evacuation; Gulf War; military; networks; radio; Sarajevo; treatment; triage
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Feasibility of Transplantation Treatment of Spinal Cord Injuries

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Objective: To investigate the effects of transplation of fetal nervous and hemopoetic cells into patients with spinal cord injuries.

Methods: The cells from fetal nervous and hemopoietic tissues (gestational age 16–22 weeks) were implanted subarachnoidally into eight patients (21-to-49 year old) with severe, traumatic, spinal cord injuries at various cervico-thoracic spine levels. The trauma was incurred from automobile accidents. The remoteness of the occurrence of the trauma was from 1 month to 6 years before the transplantation was performed. Before transplantation treatment, the neurological state of each of the patients was consistently a grade =93A=94 of spinal injury according to Francel classification. In seven cases, cell transplantation was preceded by resection of a connective tissue cyst that has formed within the site of traumatic injury.

Results: A noticeable clinical improvement was observed in 6 of 8 cell-grafted patients. The neurological state of 4 and 2 patients became to be clinically consistent with =93C=94 and =93B=94 grade of spinal injury, respectively. No clinical effect was noted in two patients both of whom had the longest time elapsed from the trauma (3 and 6 years). No serious complications of transplantation treatment was noted.

Conclusion: The results presented point out a clinical relevance of transplantation approach to treating consequences of spinal cord injury.

Key words: fetal tissue; injuries; spinal cord; transplantation; trauma

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Early Non-Operative Treatment of Severe Acute Pancreatitis

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Introduction: The effects of different treatments in severe acute pancreatitis (SAP) have not been established.

Methods: From January 1992 to May 1997, 86 cases of SAP were studied retrospectively. They were separated into two groups: (1) operated, and (2) nonoperated patients. The operated group consisted of 43 cases operated upon during the first two weeks after they were admitted in the hospital. The patients in the other group were not operated upon during the same period. The morbidity of complications

and the curative rates were compared.

Results: The morbidity rate associated with complication in nonoperative group (36.8%) was lower than for the operated group (91.7%). The curative rate for the nonoperated group was increased significantly over the rate for the operated group, especially in SAPII cases.

Conclusion: The treatment of nonoperated patients in the early stages can bring a satisfactory therapeutic result. This treatment included: (1) the continuous monitoring in ICU, (2) alimentary support, (3) using the pancreatin inhibitor, (4) rest for the pancreas, and (5) the early administration of antibiotics.

Key words: care; intensive care; morbidity; pancreatitis; surgery

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Advantages of a Common Patient File System for SAMU Emergency Services and Hospitals

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Introduction: The quality of prehospital emergency service medical practice still has not been assessed completely. The main studies available in France are quantitative, describing the level of equipment and the activity of the SAMU emergency service organisations. Medical evaluation of prehospital Emergency Medicine is rendered difficult in France by a number of obstacles. Reluctance to change is only one of these. The means to collect and interpret the medical data often is lacking. Prehospital Emergency Medicine can be compared to the exposure of a negative that will be revealed by the hospital. It is made up of a range of actions for which the only way to assess, if they are appropriate, is the subsequent history of the patient in the hospital. If this part of the picture is lacking, it is difficult to study the quality of prehospital care, the impact of various treatments given prior to transport, the indications according to the pathology, while considering the cost-effectiveness ratio. Consequently it appears difficult to make recommendations that are backed up by solid arguments, whether in terms of clinical practice, means of management, the strategies for allocation of prehospital health care equipment and health policies. The exploitation of data for research purposes is equally difficult, if not impossible.

Methods: The idea is to pool the SAMU emergency service medical files and those of the hospitals. The expected advantage is the possibility of following the patient's history systematically from the beginning—the first patient contact—and through to his discharge from hospital. Identification of the patient respecting all the requirements of law, the succession of diagnoses made from the point when first taken charge of up to the final diagnosis, the succession of treatments, the time required to carry out the main investigations/treatments, steering and any change in destination, the time spent in each department, and the patient's condition on discharge.

Ample use of computer technology together with a

vocabulary for diagnoses and treatments that is as standardised as possible would be invaluable for effective sharing of this information. If the data listed above were available, it would be easy to assess the impact and any shortcomings of prehospital emergency treatments. Any consequences arising from a lack of available resources would become clear also.

In France, it is legally possible to pool the patient file of a SMUR (emergency medical service) with those of the hospital it belongs to. However, there are administrative and possibly legal problems involved when trying to share files between different hospitals, or with the administrative file system for the emergency telephone centres, or again with services that answer to different administrations.

Conclusion: Although there still would be problems, medical assessment of prehospital emergency services medical practice in France requires the patient files with the SAMU emergency services to be held in common with those of the hospital. The design of modern software programs should allow for this, while complying with the operational computer organisation of the SAMU services, for the sole benefit of public health needs.

Key words: computers; data; emergency medical services; hospitals; patient files; prehospital; quality; records; research

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The Role of Selective Management of Penetrating Abdominal Wounds

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With the rising incidence of urban violence and related events, we observed a proportional rise in the number of patients with penetrating abdominal wounds. It is necessary, in these patients, to validate clinical and radiological criteria to justify the use of diagnostic laparotomy, since this procedure is associated with significant pre- and post-operation morbidity.

In a retrospective study of the patients submitted to diagnostic laparotomy at Municipal Hospital Miguel Couto (Rio de Janeiro, Brazil) between April 1995 and April 2000, it was observed that, of 562 laparotomies in patients with penetrating abdominal trauma, 82 (14.6%) were considered negative, without intra-abdominal lesions. Of these, 31 were gunshot wounds (9.6% of the gunshot-related laparotomies) and 51 were stab wounds (21.2 per cent of the stab wound related laparotomies).

We conclude that the high rate of unnecessary abdominal exploration in patients with stab wounds make this group suitable for selective management based on clinical grounds. Conversely, gunshot wounds patients, once confirmed abdominal penetration, are candidates for surgical intervention.

Key words: abdomen; gunshot; management; penetrating; stab wounds

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Airline Accident at the Chang Kai-Chek Airport, 31 October, 2000

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Tuesday, 31 October at 23:00 hours, the Singapore Airlines, Flight SQ006 from Taipei to Los Angeles, a Boeing 747-400 with 179 persons on board was taxiing on the runway at the Chang Kai-Chek Airport. The weather conditions were poor with strong winds—some reaching 50 knots—pouring rain, and visibility was limited to 400 meters. A part of the airport was under repair, and a former runway was closed and only partly used as a taxiway. These circumstances that still are under investigation may have contributed to the fact that the aircraft, on its way out to the runway, turned around for takeoff on the closed taxiway. At 23:10 hours, the aircraft started its acceleration to a speed of more than 150 miles/hour when the pilot suddenly saw a construction machine in front of him. The collision was inevitable and surviving passengers experienced an enormous bang just as the nose of the aircraft was lifted in the air, throwing it back on the ground, and breaking the aircraft into three parts. The front was separated from the rest of the aircraft, the middle part with the wings was immediately set on fire, and the rear part was separated, but remained in close connection with the middle part. 82 passengers died instantly or shortly after the crash, 2 patients died later in hospital. The airport alert was almost immediate, and the 32 men at the airport's fire brigade, who 4 months earlier had trained on a similar scenario, were prepared. They responded instantly by being at the scene of the accident in 1 minute, 38 seconds. The disaster alert also was sent to the dispatch centre in the county of Tao-Yuan, which further alerted the 17 emergency hospitals in the area. Emergency medical teams from each hospital were gathered rapidly and sent to the airport. The extreme weather conditions made the fire fighting as well as the evacuation of the passengers difficult. A gathering area for injured could be established at 300 meters distance, but adequate means of transport were mobilised early, and 10 patients were sent directly from the site of accident to hospital. No advanced medical management was performed at the site of accident or at the gathering area. The early arrival of more than 100 ambulances at the airport facilitated expeditious transport to hospital. However, the distribution of the injured to different hospitals was without any co-ordination, and the prehospital medical records on each injured were poor or lacking. A smaller hospital near the airport, received within a short time, 20 patients, 7 with severe burn injuries. Sixteen of them within 2 hours were transported further to the trauma centre at Chang Gung Memorial Hospital, where the disaster alert 333 had mobilised sufficient medical resources ready to receive more than 100 injured. Altogether, 36 injured arrived to the trauma centre, 18 with burn injuries, several with severe burns. Only 5 patients were in need of emergency surgery. A certain number of minor injuries, although not recorded, could have been treated at the airport or in other hospitals.

Summary: Due to recent training, the Chang Kai-Chek