Resuscitative Endovascular Balloon Occlusion of the Aorta as an adjunct for hemorrhagic shock due to splenic injury

Prasertcharoensuk Supatcha1, Wongkonkitsin Narongchai1, Chaiyut Thanapaisan2
1Vascular unit, Department of surgery, Khonkaen university
2Trauma unit, Department of surgery, Khonkaen university

Background
Non-compressible torso hemorrhage continues to be the leading cause of preventable death in trauma patients. Resuscitative endovascular balloon occlusion of the aorta (REBOA) is a life-saving procedure used to control bleeding and maintain blood pressure temporarily in traumatic hemorrhagic shock.

Case presentation
A 45 year-old man collapsed after motor cycle accident, Emergency Medical Service (EMS) brought patient to Emergency Room (ER) of Trauma Center within 30 min. Patient was unconscious and hemorrhagic shock with Focused Assessment with Sonography for Trauma (FAST) positive initially, he was intubated and was performed REBOA. Patient was underwent explore laparotomy, hemoperitoneal fluid 1 Litre and splenic injury were found, splenectomy was done, followed by deflate of REBOA. Patient was discharged home safely without complication.

Conclusion
REBOA is now considered as an alternative to resuscitative thoracotomy or even widely indicated to control hemorrhage.