

A TRAUMA MAY SAVE YOUR LIFE: A PILOT PROGRAM TO ADDRESS INCIDENTAL FINDINGS DURING TRAUMA WORKUP AT AN URBAN LEVEL 1 TRAUMA CENTER

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INTRODUCTION

- The widespread use of CT imaging in the trauma population yields multiple incidental findings (IF) that are unrelated to the traumatic injury.
- Ensuring follow up and compliance is often difficult in the trauma population, and often outcomes are unknown.
- Our level 1 trauma center implemented a process to categorize incidental findings based on risk of severity, arrange evaluation, and track outcomes.

METHODS

- A retrospective analysis was completed on all trauma evaluations for January through December of 2016.
- IFs were risk stratified into 3 categories:
 - High risk findings such as significant aneurysmal disease or any finding suspicious for malignancy
 - Moderate risk findings such as diverticulosis, pulmonary nodules less than 1 cm, mild aneurysmal disease with recommendation for primary care physician follow up
 - Low risk findings that are not immediately concerning such as renal, splenic, and hepatic cysts or degenerative disc disease
- Category 1 (high risk) findings were tracked as far as possible into their workup to identify final diagnosis and treatment.

INCIDENTAL FINDING FLOW DIAGRAM

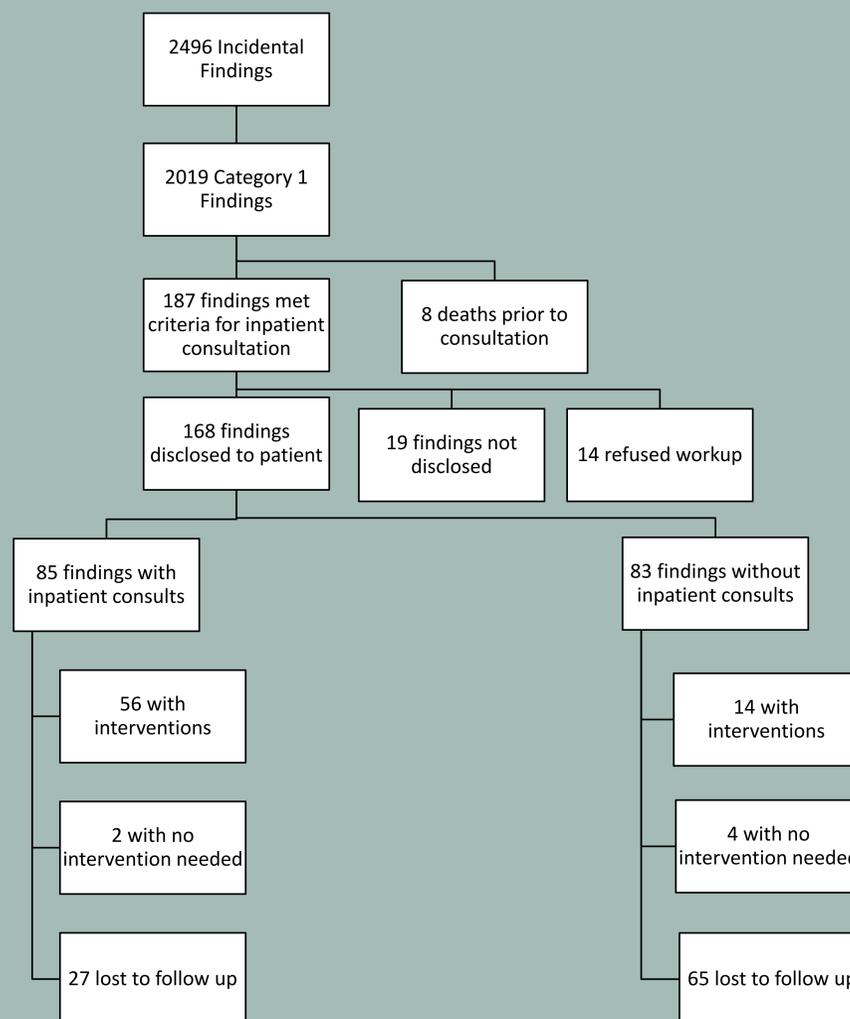


Table of Interventions

		Inpatient consults (58)	Outpatient consults (14)
Head/neck	Cancer	3 (2 s/p surgery, 1 chemo/rad)	
	Benign	3 (1 s/p surgery)	
Chest	Cancer	7 (2 s/p surgery, 5 chemo/rad)	1 (breast CA on antiestrogen)
	Benign	2	4
	Nodule, serial CTs	5	4
Abdomen	Cancer	7 (7 s/p surgery)	
	Benign	5	1
	Operative	1	
Vascular	Aneurysm	17 (3 s/p surgery, 14 NOM)	3 (3 NOM)
	VTE	3 (1 procedure, 2 placed on anticoagulation)	
Bone/spine	Cancer	3 (3 chemo/rad)	
	Benign	1	1
	Operative	1	
		Total = 58	Total = 14

RESULTS

- 7, 242 trauma patients were seen in 2016 revealing 2,496 Ifs.
- 209 were high risk findings: 14 refused further evaluation, 8 expired or DC to hospice, 19 findings not disclosed, leaving 168 high risk findings.
 - 85 had inpatient consultation diagnosing 20 neoplasms and 3 operative AAAs
 - 27 were lost to follow up (31%)
 - 83 patients were recommended outpatient follow up, diagnosing 1 breast cancer
 - 65 were lost to follow up (78%)

CONCLUSION

- Obtaining inpatient consultation improves follow-up care.
- Our recommendation is for earlier consultation with the appropriate specialists.
- Establishing a guideline directed at management of incidental findings is imperative to optimize care of the traumatically injured.

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