Analysis of Urobilinogen and Urine Bilirubin for Intra-Abdominal Injury in Blunt Trauma Patients

Gorchynski J, Dean K, Anderson CL. Analysis of Urobilinogen and Urine Bilirubin for Intra-Abdominal Injury in Blunt Trauma Patients. *WestJEM*. 2009; 10:85-88.

To the Editor:

We wish to comment on the article by Gorchynski et al., “Analysis of Urobilinogen and Urine Bilirubin for Intra-Abdominal Injury in Blunt Trauma Patients,” which concludes that initial urinalysis in the emergency department (ED) for adult blunt abdominal trauma patients should not be used as a screening tool for the evaluation of intra-abdominal injury.

In our ED trauma center with annual census of 33,837 patients, 50% of our cases are related to adult blunt trauma. We consider urinalysis an essential part of the work-up of patients with blunt trauma to the abdominopelvic cavity to detect possible renal or bladder injury. However, further work-ups are requested only in microscopic hematuria cases in pediatric patients or in patients who were hemodynamically unstable, who had pelvic fracture, flank trauma or gross hematuria.

We base our protocol on the fact that if urinalysis is checked in all patients with blunt trauma, microscopic hematuria may be present in many cases; however, microscopic hematuria by itself is not a predictor of genitourinary tract injuries.

The aim of this letter is to emphasize that in hemodynamically stable, conscious adult blunt trauma patients, a urinalysis for the evaluation for an acute intra-abdominal injury may not be necessary since those patients routinely undergo CT imaging for occult intra-abdominal-thoraco-cranial injury.

Agreed, that in busy trauma centers, especially in developing countries, the utility of routine urinalysis in the emergency department is not a useful adjunct tool for the assessment of intra-abdominal injuries in adult blunt trauma patients nor is it cost effective.

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