

Incidence of DIC associated with polytrauma in ICU



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OBJECTIVE: To identify incidence of DIC in intensive care unit and to assess more frequent etiologic agents. Contents forecast correlation between CID and Apache II score. Identify the incidence of CID associated with trauma or polytrauma

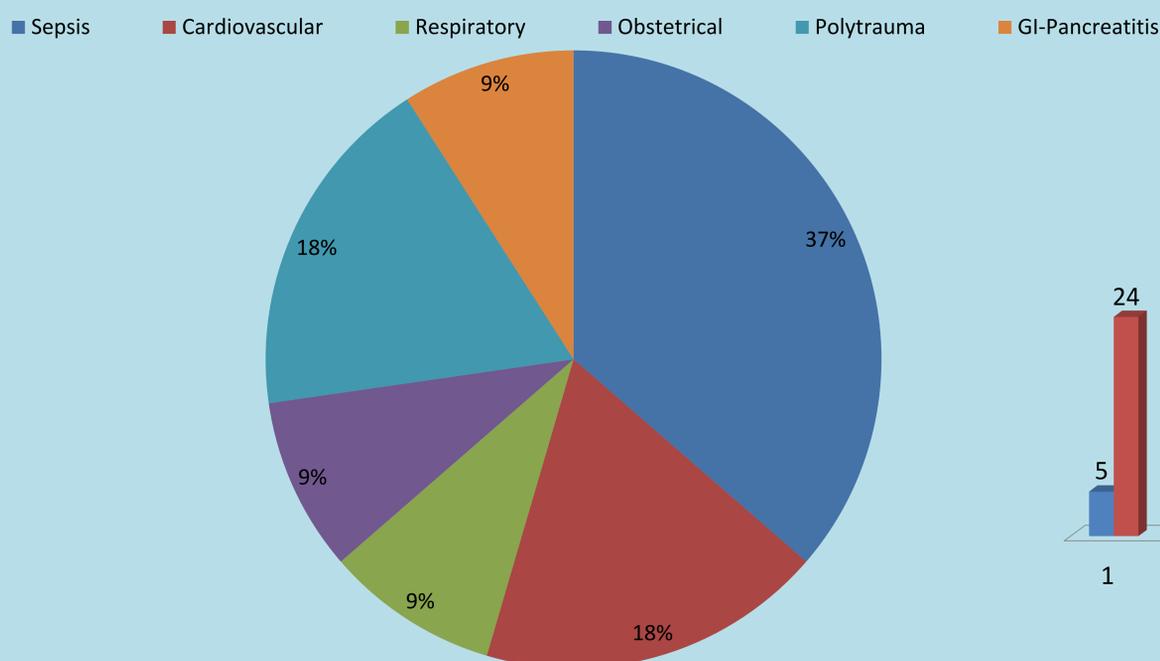
DESIGN: A retrospective, descriptive, observational study.

METHOD: casuistry of the intensive care unit were analyzed during the period 1 January 2013 to 30 May 2014 , cases meeting diagnostic criteria for DIC, CID score is calculated (according to the International Society of Thrombosis and Haemostasis) , APACHE II score was also calculated for prognostic correlation. The main etiologic agents were grouped to assess incidence rates.

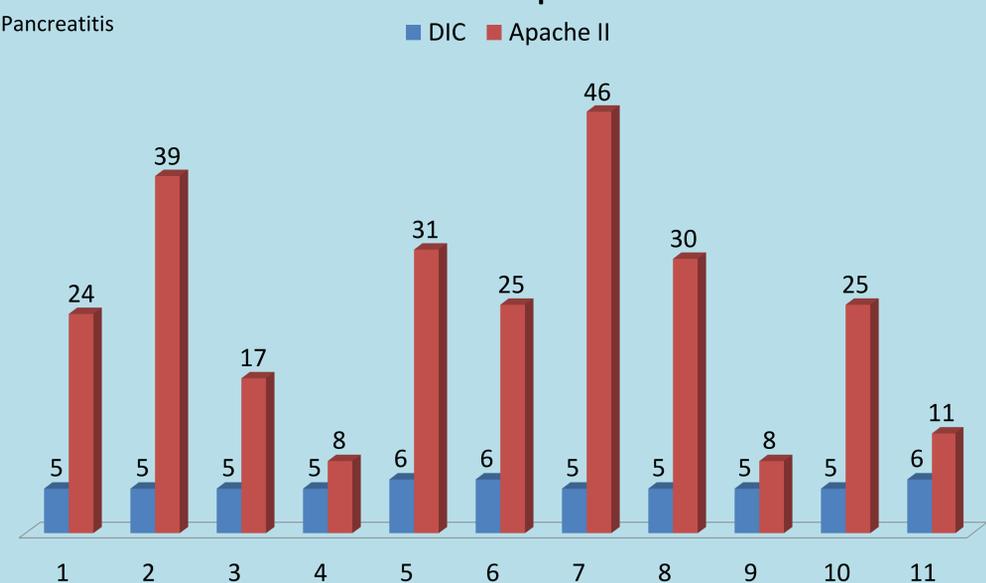
RESULTS : 153 patients were admitted to ICU, with 11 (7.18%) had diagnosis of DIC; the most frequent cause was sepsis (38%), followed by polytrauma and cardiovascular (18% each). it was observed that if the Apache II score was lower, the outcome was good

Cases	Etiology	DIC score	Apache II	Prognosis
1 Female – 71 ^a	Biliary Pancreatitis	5	24 puntos	Bad
2 Male – 77 ^a	Sepsis. Pneumonia	5	39 puntos	Bad
3 Male – 69 ^a	Ischemic heart disease	5	17 puntos	Bad
4 Female – 32 ^a	Uterine atonia hypovolemic shock	5	8 puntos	Good
5 Male – 60 ^a	Severe asthma	6	31 puntos	Bad
6 Female – 49 ^a	Polytrauma Severe head trauma	6	25 puntos	Bad
7 Male - 60 ^a	Sepsis, atípical pneumonia	5	46 puntos	Bad
8 Female – 90 ^a	Sepsis, pneumonía	5	30 puntos	Bad
9 Male – 40 ^a	Polytrauma	5	8 puntos	Good
10 Female – 61 ^a	Severe heart failure	5	25 puntos	Good
11 Female – 55 ^a	Sepsis, severe gastroenteritis	6	11 puntos	Good

Etiology



Score DIC - Apache II



CONCLUSION : The incidence of DIC associated with trauma is high, second only to the sepsis, so it is recommended for any patient with trauma or polytrauma, in the presence of thrombocytopenia and coagulopathy, early confirm DIC, to avoid a poor prognosis.