

Atraumatic Bilateral Acute Compartment Syndrome (ABACS): A review of literature

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Abstract

Introduction: Bilateral Acute Compartment Syndrome of the legs is a very rare presentation that requires emergent surgical intervention. Atraumatic causes that are bilateral are almost unheard of in medicine. There is no existing link between compartment syndrome and cognitive impairment or mental health.

Methods: Systematic search using the following keywords in multiple databases. Compartment Syndrome, atraumatic, spontaneous, bilateral, both, lower leg, Acute, compartmental pressure, fasciotomy. Cases that were atraumatic, bilateral, acute, and confirmed compartment syndrome were included.

Results: 33 cases of Atraumatic Bilateral Acute Compartment Syndrome (ABACS) were identified in total, of those 72.7% were male. A form of cognitive impairment was found in 2/3 cases. Occurring past medical history of the cases were some form of substance abuse (9 patients), Mental health illness (7 patients), and Hypothyroid (4 patients). Within the reports, there was evidence of a misdiagnosis or delay to management in 57.6% (19 cases) of cases. 28 cases had a CK measured with the average CK 110893 (IU/L). Compartment pressure was used in 12 cases only. 29 cases were managed with bilateral 4 compartment fasciotomy.

Conclusions: ABACS is a condition with significant misdiagnosis and delay in treatment possibly caused by an abnormally high frequency of cognitive impairment on presentation.

Biography

Govind Dhillon is a second year core surgical trainee in trauma and Orthopaedics in Lister Hospital, Hertfordshire. He graduated from University of Southampton in 2018 where he lead a national widening access programme and captained 1st team men's football. In his foundation training he has completed my PGCert medical education from Queen Mary and was awarded trainee of the year. He will soon be applying for specialist registrar training in Trauma and Orthopaedics.

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