“COMPARISON BETWEEN REVISED TRAUMA SCORE AND KAMPALA TRAUMA SCORE IN PREDICTING MORTALITY IN POLYTRAUMA CASES IN SHRI DHARMASTHALA MANJUNATHESHWARA HOSPITAL DHARWAD.”

By

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ABSTRACT

"COMPARISON BETWEEN REVISED TRAUMA SCORE AND KAMPALA TRAUMA SCORE IN PREDICTING MORTALITY IN POLYTRAUMA CASES IN SHRI DHARMASTHALA MANJUNATHESHWARA HOSPITAL DHARWAD "

Introduction:

In the developed countries, multiple injury severity scores have been used for study and evaluation of trauma patients. However, few studies have supported the effectiveness of different trauma scoring methods in the developing and underdeveloped countries. The Kampala Trauma Score (KTS) was developed for use in resource-limited settings and has been shown to be a robust predictor of death.

This study evaluates the ability of KTS to predict the mortality of trauma patients compared to Revised trauma scoring (RTS) and plan for further management of the patient.

Aim of the Study:

To compare the Kampala Trauma Scoring and Revised Trauma Scoring systems in predicting mortality in ploytrauma cases.

Methods:

Once patient was brought to the casualty, detailed examination was done.AIS/ISS done to assess severity of the injury and if 1 or more than one serious injuries present

patient qualified for the study. Once consent was given KTS and RTS was done. During the course of the treatment the patient's condition wasn't assessed for the

study but only patient's condition on discharge was taken into consideration and accordingly the ability/efficiency of the two trauma scoring systems in predicting mortality in the patient was calculated.

Result:

A total of 20 patients were studied and the p value of both Kampala Trauma Scoring and Revised Trauma Scoring was <0.001 and hence both the scoring systems were statistically significant in predicting mortality in polytrauma cases while from pairwise comparison of the ROC curves, we observe that, there is no significant difference in the discriminant power of Kampala Trauma score and revised trauma score in predicting mortality **(p-value = 0.1765)**.

Conclusion:

RTS and KTS both were found useful in predicting mortality and can be considered as beneficial trauma scoring system which can be used in resource-limited settings.

Even though RTS was found to be slightly better than KTS in predicting mortality the difference was found to be not statistically significant.

Multicentred and large-scale studies are needed to confirm the results. Further studies are required for ideal choice of the RTS or KTS depending on the type of injury and different conditions of the patient.