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Surgery in defense operations

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Surgical interventions are among the most important operations in the military medicine field. During the year 1987, Iranian troops had a defensive state; so was the medical department. During this year, a total of 6109 major operations were performed in the Southern front, which chest and abdominal operations constituted 44.2% of them, head and neck surgeries constituted 16.18%, and 27% were the surgeries performed on the limbs. During this period, 506 chest tubes were inserted. 28% of the injuries were major, 53% were medium and 19% were minimal. The higher incidence of the injuries in chest, abdomen, head and neck, necessitates more attention and more studies in these areas.

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Surgical intervention in the field hospitals during the Iran war

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Surgical interventions on the battlefield casualties were started since the second World War and continued after then. The process of aeromedical and marine deployment, though, has always been associated with different problems. Islamic republic of Iran has been confronted with economic blockade during the war; so there were no opportunities to make help of logistical facilities in an effective manner for helping the casualties. So, field hospitals were designed and prepared. In a cross-sectional descriptive analysis, performed in a one year period, 7718 files of the patients admitted to the field hospitals (among a total of 173823 casualties) were studied. The sampling method was census method. A checklist was prepared as the tool for study. Data entry and analysis was performed by SPSS. Laparotomy was the most common intervention performed and the least common intervention performed was tracheostomy, 21.53 percent of the total casualties in the battlefield were treated in the field hospitals. The mean time for each surgical intervention was 156 ± 69 minutes. A relatively high percentage of casualties were treated in these hospitals. It can be suggested that without the role of field hospitals, a considerable number of casualties would have been died before being transported to the rear ward.

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Evaluation of the common infectious diseases in Iran war between 1985 up to 1987

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Knowledge of the number and composite of the injured and casualties, is one of the most important basic principles in the logistical considerations and planning of the military field. Another important point, which should take attention, is the evaluation of common infections and contagious entities. Infectious contagious disease had a common incidence among the Iranian Troops and Bassij forces. In a cross-sectional descriptive analytical study, using the unpublished data of the Southern, Western and Southern west District Commandery Date (of the Medical Department of Sepah) the incidences of common infectious diseases during the Holy Defense were surveyed. The most common cause of referral among the studied cases to the medical posts, was intestinal infestations; the second most common disease was scabies and bloody diarrhea was the 3rd most common entity. Only two known cases of tetanus were reported up to the end of 1365 (1986). Better organization, accompanied by more equipped instrumentations, together with health level elevations, has decreased the total frequency of a number of infectious and contagious diseases. Of course, transportations have always been among the most important causes of food and/or water-borne diseases. The vaccination process of the troops against tetanus had a considerable effect in rising their resistance.

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Evaluation of the abdominal sharp injuries in a major ground attack

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In a retrospective study, 387 cases of injured patients, operated in a field hospital during Karbalay 5 attack, were studied. The operations performed in these patients were laparotomies. The source of data was the second sheet of the manuscript present in patients' files and also their operation description paper: these were found in the aforementioned hospital. From 387 laparotomies, 756 abdominal visceral injuries were present; 84 percent of these injuries were due to missile particles and 16 percent due to bullet wounds. The casualties were grouped in 3 categories. In the first group, which included 20 percent of the casualties (78 patients) there were several injuries and the operation was necessary to be performed. In the second group, including 244 casualties (63%) the operation was delayed until the operating room was evacuated; of course with controlling the medical condition. The third group included 65 patients which did not have any problem at first; but peritoneal irritation and "acute" urged the surgeons to transfer them to the operation room. Among various injuries, the most common one, was in the short gut (189 cases of injuries equalled 25%). The least common injuries were aortic and ureteral injuries (4 cases equalled 0.5%). 34% of the injuries were in the first, 56% in the second and 9.4% in the third class group. Chest tube insertion was performed in 47 cases (12.1%). Exact abdominal exams in penetrating abdominal injuries prevents many of the complications.

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The Role of 5% hypertonic saline solution in open hearth surgery

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Hypertonic saline solution can absorb part of intracellular fluid into the extracellular space. The effect of this solution on the cardiovascular system is in the form of increased coronary flow and increased left ventricular contraction, without sympathetic system activation. This study was designed to assess the effects of the hypertonic solution in open heart surgeries and compare it with adrenalin. In a case - control double blind study, 46 patients (two 23 patient groups) were selected and treated with 2 different methods, after open heart surgery. The first group (case) received 5% hypertonic solution (labeled Not) and the second ground (control) received 0.9 percent saline (labeled No 2). Physical exam findings, left ventricular pressure and urinary output were measured - to compare the two groups. 2, 5, 10, 15 and 30 minutes after the injection of solution, the indicators of study were measured. Left ventricular and pulse rate were decreased and mean arterial pressure was increased in the case group. Urinary output in the case group was more than control. It seems that hypertonic saline solution can increase cardiac contractility without increased sympathetic activity; so, it seems to have positive inotropic effects. This solution, seems superior to adrenalin in therapeutic effects in open heart surgery.