Title
Response to Letter to the Editor: Analysis of Urobilinogen and Urine Bilirubin for Intra-Abdominal Injury in Blunt Trauma Patients

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In reply:

Thank you for your letter in response to the article “Analysis of Urobilinogen and Urine Bilirubin for Intra-Abdominal Injury in Blunt Trauma Patients” in which you state that your institution does not routinely use the urinalysis for assessment of intra-abdominal injury in adult blunt trauma patients. You may find that selective ordering and assessment of the urinalysis in the adult blunt trauma patient with a pelvic fracture or flank trauma at your institution may also prove not to be a useful adjunct tool for the determination of intra-abdominal organ injury. This would be due to the large number of related organ injuries associated with pelvic fractures and the routine computed tomography (CT) imaging in patients with flank trauma.

I support your statement that routine urinalysis is not an essential work-up in the hemodynamically stable and conscious adult blunt trauma patient for intra-abdominal injury. However, for adult blunt trauma patients who are hemodynamically stable but unconscious (or low GCS score), a urinalysis for the evaluation of an acute intra-abdominal injury may also 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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