

Algorithm for blunt aortic injury

Blunt chest trauma

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ABC

Fluid resuscitation + Blood transfusion

Clinical suspicion of blunt aortic injury

Mechanism of injury

Physical findings

Abnormal CXR findings

Consider BAI

Strongly suspected BAI

Contrast-enhanced chest spiral CT

NO

Mediastinal
hematoma

Observation

Mediastinal
Hematoma
alone

Aortogram

(-)

Observation

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Hemodynamic instability
Massive hemothorax
Rapidly expanding mediastinal hematoma

Urgent operation

Severe head injury
Risk factors for infection
Severe multisystem trauma with hemodynamic instability

Craniotomy if indicated

Laparotomy for critical intra-abdominal bleeding

Nonoperative management

Esmolol to keep HR < 100 (loading: 0.5 mg/kg/min, for first 1-4 min)

(maintain: 0.05-0.3 mg/kg/min)

Nitroprusside if BP uncontrolled (SBP around 100 mmHg)

(in elder: SBP around 110-120 mmHg)

(dosage: 0.5-10.0 ug/kg/min)

Observation at ICU

Delayed operation