Management of blunt liver injury in adults 16 years of age or older

Guidelines referenced

ORGANIZATION	TITLE, YEAR	GRADING SYSTEM
Eastern Association for the Surgery of Trauma		Level 1: Convincingly justifiable based on available scientific information alone. Supported by prospective randomized studies or prospective, noncomparative studies or retrospective series with controls. Level 2: Reasonably justifiable by available scientific evidence and strongly supported by expert opinion. Supported by prospective, noncomparative studies or retrospective series with controls or a preponderance of retrospective analyses. Level 3: Supported by available data but lacking adequate evidence. Supported by retrospective analyses.
World Society for Emergency Surgery		 1A: Strong recommendation, high-quality evidence 1B: Strong recommendation, moderate-quality evidence 1C: Strong recommendation, low-quality or very low-quality evidence 2A: Weak recommendation, high-quality evidence 2B: Weak recommendation, moderate-quality evidence 2C: Weak recommendation, low-quality or very low-quality evidence

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AAST Liver Injury Scale (1994 revision)

GRADE	INJURY TYPE	INJURY DESCRIPTION
ı	Haematoma	Subcapsular < 10% surface
	Laceration	Capsular tear < 1cm parenchymal depth
П	Haematoma	Subcapsular 10–50% surface area; intraparenchymal, < 10cm diameter
	Laceration	1–3cm parenchymal depth, < 10cm in length
Ш	Haematoma	Subcapsular > 50% surface area or expanding, ruptured subcapsular or parenchymal haematoma. Intraparenchymal haematoma > 10cm
	Laceration	> 3cm parenchymal depth
IV	Laceration	Parenchymal disruption 25–75% of hepatic lobe
V	Laceration	Parenchymal disruption involving > 75% of hepatic lobe
	Vascular	Juxtavenous hepatic injuries i.e. retrohepatic vena cava / central major hepatic veins
VI	Vascular	Hepatic avulsion

Advance one grade for multiple injuries up to Grade III

Generally, Grade 1 and 2 injuries are considered low grade injuries while Grade 3-5 are considered high grade injuries

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