

**Methods:** We retrospectively reviewed 403 CT of acute abdomen between January 1990 and August 2000. A final diagnosis was made by surgery. Early CT imaging was obtained within 6 hours after patient arrival.

**Results:** 403 patients with an acute abdomen were identified, and the underlying causes were as follows: diverticulitis in 87 (21.6%); appendicitis in 73 (18.1%); bowel obstruction in 63 (15.6%); gastrointestinal perforation in 35 (8.7%); acute cholecystitis in 31 (7.6%); pelvic inflammatory disease, 31 (7.6%); necrotizing acute pancreatitis, 23 (5.7%); ileus in 23 (5.7%); cancer, 13 (3.2%); ischemic bowel, 10 (2.5%); aortic aneurysm rupture, 8 (2%); and hemorrhage, 6 (1.4%). These findings are similar to other studies.

**Conclusion:** CT is a useful tool to provide valuable information for the diagnosis of the cause of acute abdomen. It allows a rapid, cost-effective evaluation of these patients. CT represents a useful tool in the decision making for surgical or nonsurgical management.

**Key words:** acute abdomen; computerized tomography (CAT); diagnosis; differential; surgery

*Prehosp Disast Med* 2001;16(2):s28.

### Relationship of Pancreatic and Peripancreatic Fat Necrosis to Organ Failure in Acute Pancreatitis

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**Objective:** A prospective study to determine the relationship of pancreatic and peripancreatic fat necrosis to organ failure in acute pancreatitis.

**Methods:** Fifty-six patients out of 275 (20.4%) with necrotizing pancreatitis from 1990 to 1999 were reviewed. Pancreatic necrosis was identified by characteristic findings on dynamic contrast-enhanced computerized tomography scan. Dysfunction was defined in accordance with the Atlanta symposium. We performed a univariate and multivariate statistical study with lineal discriminant analysis.

**Results:** The overall mortality was 17/275 (6.2%). Surgical treatment 24/275 (8.8%). Organ failure was present in 76.8% of 56 patients. There was statistically significant difference in the prevalence of organ failure in pancreatic necrosis compared with interstitial pancreatitis ( $p < 0.01$ ). The pancreatic head was affected in 9/275 (3.3%), body in 9/275 (18.97%), and the tail in 9/275 (10.2%). 5% had more than 50% of pancreas necrosed. 73/275 (26.5%) patients had peripancreatic fat necrosis.

Patients with increased amounts of necrosis did not have an increased prevalence of organ failure or infected necrosis. The anatomical site also did not correlate with overall clinical outcome. Patients with organ failure had an increased morbidity and mortality.

**Conclusion:** CT necrosis is not an indication for surgery or mortality. CT imaging helps to identify early, those patients who should be monitored closely to expedite the detection and treatment of complication.

**Key words:** computerized tomography; multiorgan system failure; necrosis; pancreatitis; peripancreatic fat

*Prehosp Disast Med* 2001;16(2):s28.

### A Drill as Part of the Training System: Training Hospital Staff to Cope with a Chemical Mass Casualty Event

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Since chemical weapons and mass destruction events have a potentially catastrophic effect on civilization, all of the hospitals in Israel are committed by the Ministry of Health and the Medical Corp of the Israeli Defense Forces to prepare for the administration of optimal medical services for a large number of casualties. Successful coping mechanisms of the medical staff for such treatment necessitates special organization based on 5 phases: (1) establishing standing orders and instructions, (2) expansion of facilities and pre-designated admitting sites, (3) designation of the hospital staff to the admitting sites and creation of special roles, (4) training programs to assure capabilities and skill performance of the staff, and (5) participating in drills.

These drills, which take place on an annual basis, are a crucial part of the training program. They simulate a realistic scenario, which requires the hospital to allocate the necessary staff (approximately 1,500) and equipment, update the instructions, the standing orders, and implement acquired knowledge. Videos recorded during these drills become a visual educational aid for future training, and even more importantly, for learning relevant lessons from the mistakes. Preparedness for a drill, is a long and complicated procedure that demands a substantial amount of time and resources. In this presentation, we would like to present our model of preparedness for a drill, step-by-step, from the moment we receive an announcement of a drill until the debriefing meetings. "War Games" [drills] are a very important part in the training program aimed to ensure the ongoing preparedness and alertness of the medical staff.

**Key words:** chemical weapons; disasters; drills; exercises; expenses; games; planning; preparedness; resources; standing orders; training; weapons of mass destruction

*Prehosp Disast Med* 2001;16(2):s28.

### Medical Opportunity of the Resort to Emergency Wards in the Auvergne

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The medical service of the National State Health Insurance Office in the Auvergne, within the context of its mission determined by law, evaluated the medical opportunity of patients to use the 15 emergency wards of the region. A pragmatic method, based on joint opinions of doctors of the medical service and hospital section heads, indicated that a high percentage of patients—18%—who used the service did not need it. In most cases, these patients are rather young adults suffering from harmless diseases that can be treated by a general practitioner, or the elderly who need to be taken in care structures for health care and social welfare.

This overuse of emergency wards for nonemergency