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Abdominal Compartment Syndrome: Often Overlooked Condi



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## Abdominal compartment syndrome: A concise clinical review

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Summary and Conclusions: The detrimental impact of elevated intra-abdominal pressure, progressing to abdominal compartment syndrome, is recognized in both surgical and medical intensive care units. The recent international abdominal compartment syndrome consensus conference has helped to define, characterize, and raise awareness of abdominal compartment syndrome.

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Author: Gary An, Michael A. West

Publish Year: 2008

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Definitions and Incidence

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Compartment syndrome occurs when a fixed compartment defined by myofascial layers, bone, or both becomes subjected to increasing pressures, leading to vascular compromise and ischaemia. This is most commonly associated with limb trauma but is also well recognized as occurring within the abdominal cavity.1Normal intra-abdominal pressure in the typical critically ill, intensive care patient is ~5–7 mm Hg, but this is not static, varying with respiration; increasing on inspiration and decreasing...

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Recognition of the abdominal compartment syndrome. As reviewed by Schein, the clinical condition which was later called abdominal compartment syndrome (ACS) was first mentioned in 1863 by Marey and Burt who described the respiratory effects caused by increased abdominal pressure. In 1911, Emerson stated in a paper on 'intra-abdominal pressures' that intra-abdominal hypertension (IAH ...

## Abdominal Compartment Syndrome: Pearls & Pitfalls

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Abdominal compartment syndrome (ACS) is defined by sustained intra-abdominal pressure (IAP) > 20 mm Hg with associated organ injury. The condition was first described in 1863, but not significantly discussed until the 1990s (1-3).

## Abdominal compartment syndrome

Abdominal compartment syndrome occurs when the abdomen becomes subject to increased pressure reaching past the point of intra-abdominal hypertension. ACS is present when intra-abdominal pressure rises and is sustained at > 20 mmHg and there is new organ dysfunction or failure. ACS is classified into three groups: Primary, secondary and recurrent ACS. It is not a disease and as such it occurs in conjunction with many disease processes, either due to the primary illness or in association with treatment interventions. Specific cause of abdominal compartment syndrome is not known, although some causes can be sepsis and severe abdominal trauma. Increasing pressure reduces blood flow to abdominal organs and impairs pulmonary, cardiovascular, renal, and gastro-intestinal function, causing multiple organ dysfunction syndrome and death.



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**Name of Journal:** *World Journal of Gastroenterology*

**Manuscript NO:** 52923

**Manuscript Type:** MINIREVIEWS

**Abdominal compartment syndrome: Often overlooked conditions in medical intensive care units**

Rajasurya V *et al.* Abdominal compartment syndrome

Venkat Rajasurya, Salim Surani

## Abstract

Intra-abdominal hypertension (IAH) and abdominal compartment syndrome are well recognized entities among surgical patients. Nevertheless, a number of prospective and retrospective observational studies have shown that IAH is prevalent in about half of the critically ill patients in the medical intensive care units (ICU) and has been widely recognized as an independent risk factor for mortality. It is alarming to note that many members of the critical care team in

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The recent international **abdominal compartment syndrome** consensus conference has helped to define, characterize, and raise **awareness of abdominal compartment syndrome**. Because of the frequency of this **condition**, routine measurement of **intra-abdominal pressure** should be performed in high-risk patients in the **intensive care unit**.

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Published in: [Critical Care Medicine](#) · 2008Authors: [Gary An](#) · [Michael A West](#)

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