



A Short Note on Internal Bleeding and its Critical Care

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COMMENTARY

Internal bleeding can occur in a variety of locations throughout the body, resulting in substantial local irritation and pain. The person may fall into shock if there is enough blood. Headache, stiff neck, confusion, stroke symptoms (vision loss, weakness, and slurred speech), lightheadedness, shortness of breath, low blood pressure, blood in the stool, rectal bleeding, and blood in the urine are some of the symptoms and indicators of internal bleeding. Bleeding is a well-known side effect of anticoagulation and antiplatelet drugs. The advantages of taking these drugs must be weighed against the danger of bleeding. Bleeding during pregnancy is never natural and could indicate a miscarriage or ectopic pregnancy. Bleeding from the outside of the body is easy to spot. Blood can be seen streaming out of the body if the skin is damaged by a laceration, puncture wound, or abrasion. Internal bleeding, on the other hand, may be far more difficult to detect. It may not be obvious for several hours after it starts, and symptoms may appear only when there is a significant amount of blood loss or when a blood clot is large enough to squeeze an organ and prevent it from working normally. In trauma patients, uncontrolled post-traumatic bleeding is the major cause of possibly preventable mortality. On admission to the hospital, around one-third of all trauma patients with bleeding have coagulopathy. When compared to patients with identical damage patterns but no coagulopathy, this subset of patients has a much higher risk of multiple organ failure and death. Appropriate management of a trauma patient with massive bleeding, defined as a loss of one blood volume in less than 24 hours or 0.5 blood volume in less than 3 hours, includes early identification of potential bleeding sources, as well as prompt measures to reduce blood loss, restore tissue perfusion, and achieve haemo-dynamic stability. Co-morbidities, pre-medication, and physical features that contribute to a coagulopathic state are all confounding factors.

Bleeding is most commonly caused by an injury or wound, and the amount of force required to create bleeding varies depending on the conditions. Spontaneous bleeding can happen to anyone, and it isn't always caused by an accident, wound, or trauma. The majority of individuals are aware that falling from a large height or being in a car accident can cause significant impact and stress to the body. If blunt force is used, the surface of the body may not be injured, but inside organs may be compressed sufficiently to cause injury and haemorrhage. Organs in the body may be displaced as a result of deceleration. This may cause bleeding by shearing blood arteries away from the organ. Pregnancy bleeding is never natural. Bleeding during the first trimester of pregnancy is a common symptom of a possible miscarriage. Furthermore, vaginal bleeding in the first few weeks of pregnancy could be a sign of a tubal or ectopic pregnancy. The placenta and foetus implant in the Fallopian tube or another area outside of the uterine cavity in an ectopic pregnancy. If the ectopic pregnancy is not detected and treated, the placenta erodes via the tube or other affected organs, causing deadly haemorrhage. When a surgeon makes a cut in the body, there is the possibility of immediate and delayed bleeding. When the operation is nearly over the surgeon checks to see if all bleeding has been stopped to maintain haemostasis, blood vessels can be identified and tied off using sutures, staples, or clips. Cautery can be used to prevent blood vessels from bleeding by burning them. In most cases, some bleeding is to be expected.

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CONFLICT OF INTEREST

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