

This study a review of 64-patients with abdominal vascular injuries from January 2007 to December 2013. Where treated in the emergency department of the cardiothoracic and vascular surgery. Most of them young age 18-50years,average age(32years).Male 46-patients,female 18-patients.Penetrating injuries (45-cases 70.2%),blunt injury (3-cases 4.8%), accidental (16-cases 25%).Penetrating injuries(blast/shell injury 30-cases,gunshot 12-cases, stab wound 3-cases).Zone I (44-cases),zone II(4-cases), zone III (16-cases).According to organ injury scale Grade IV most common(38-patients 59.37%). Aortic artery injury 28-cases. Inferior vena cava(8-cases) combined injury with aorta (20-cases),renal artery(4),splenic artery(2),celiac trunk (6),left common iliac artery (3),external and internal iliac arteries (13). Small bowel injuries (12-cases),large bowel(6),spleen(2),renal(4),liver(8),ureter, bladder (7). Ligation(19-cases 29.68%),direct repair or by graft (49-cases 76.56%).Complication ongoing bleeding 7.81%, respiratory distress 15.62%, wound dehiscence 9.37%. Mortality rate (12) 18.75%, survival rate(52) 81.25%.Coagulopathy, metabolic acidosis, hypothermia,combined vascular injuries ,and associated abdominal organs injuries increase the morbidity and mortality rates. Trauma surgeon should had a back-ground of the abdominal vascular anatomy ,and the methods of the vascular anastomosis. Primary goal control of the bleeding rather than maintenance of the blood flow to the organs.