(ECMO) in particular, has evolved considerably over the past two decades. The question of where ECMO fits into the treatment strategy for high-risk patients, such as trauma victims, continues to be heavily debated. Traditionally, trauma patients have been excluded from ECMO consideration due to a high bleeding risk, but given the technological advances, the bleeding profile has significantly improved.

Material and Methods: We have performed a literature search, as well as gathering information and data from various ECMO courses. We have also included our own experience, even though it's limited. We have included all the possible data, concerning the indications, limitations, therapeutic strategies, and results.

***Conclusion*:** Both VA and VV ECMO can be used in the Trauma patient and bleeding is not a contraindication as ECMO circuit can be run on very low or not at all on heparin. Survival in Adults exceeds 30% and survival in Children exceeds 50% in trauma patients. ECMO could provide an effective and potentially lifesaving strategy in both early and late stages of the trauma, but it is widely recognized that there are numerous limitations to its use, mainly availability of recourses, medical, infrastructure, financial, educational and of course experience.

Key Words: ECMO, ECLS, Trauma Patient,

OP – 23. Current Concepts about Managing of Trauma Patients.

Asc. Prof. Dr. Agron Dogjani MD, PhD, FACS, FISS, FICS, FKCS [1], Prof. Dr. Arben Gjata MD, PhD [1], Prof. Dr. Kastriot Haxhirexha MD, PhD [2], Dritan Cobani MD [1]

[1] *University of Medicine of Tirana, ALBANIA*

[2] *State University of Tetovo, Republic of North MACEDONIA.*

Abstract

Background: Managing principles for the traumatized patient have continued to evolve with advances in technology. Hemorrhage remains the leading cause of morbidity and mortality in trauma, pre-hospital management by well-trained and well-equipped medical teams at the scene as well as in hospitals have continued to improve treatment outcomes.

Although new treatment options continue to evidenced, as well as the implementation of concepts related to the optimal time for operation. Although the preliminary assessment was performed using the Injury Significance Score (ISS) as an assessment and prognostic element to determine the timing of the intervention

The current consensus argues that unnecessary delays in fracture care should be avoided, while respecting the complex physiology of certain groups of patients who may remain at increased risk for complications.

Using innovative techniques and understanding concepts such as the anatomy of traumatic injuries, the optimal approach to the polytrauma patient continues to evolve day by day.

Keywords: hemorrhage control, polytrauma patient, ISS, trauma management

OP – 24. Spontaneous Rupture of Common Iliac Vein. A Case reports.