**COMPARTMENT SYNDROME.**

**By Evans Nyakundi.**

**Lecturer KMTC KISII CAMPUS**

**Fractures of the arm or leg can give rise to severe ischaemia, even if there is no damage to a major vessel. Bleeding, oedema or inflammation (infection) may increase the pressure within one of the Osseo fascial compartments, there is reduced capillary flow which results in muscle ischaemia, further oedema. Still greater pressure and yet more profound ischaemia –a vicious circle then ends after 12 hours or less in necrosis of nerve and muscle within the compartment.**

**Nerve is capable of regeneration but muscle once infarcted can never recover and is replaced by in clastic fibrous tissue (VOLKMANS ISCHAEMIC CONTRACTURE). A similar cascade of events may be caused by swelling of a limb inside a tight plaster cast.**

**Clinical features.**

**High risk injuries are fractures of the elbow, forearm bones, proximal third of the tibia and also multiple fractures of the hand or foot, crush injuries and circumferential burns.**

**Other precipitating factors are operation (usually for internal fixation) or infection.**

**The classic features of ischaemia are the 5ps>**

* **Pain**
* **Paraesthesia**
* **Pallor MAY LEAD TO> AMPUTATION OF LIMB.**
* **Paralysis**
* **Pulselessness**

**TREATMENT.**

* **Prompt decompression**
* **Remove casts, bandages and dressings. Splitting of POP is useless in this case.**
* **Fasciotomy urgently performed. Opening all four compartments through medial and lateral incisions.**
* **Leave wounds open and inspect 2 days later. If there is muscle necrosis, debridement can be carried out. If the tissues are healthy the wounds can be sutured (without tension) or skin grafted.**

**NOTE.**

**Muscles will be dead after 4-6 hours of total ischaemia>There is no time to lose?**