

What's new in paediatric trauma?

A B (SEBASTIAN) VAN AS, MBA, FCS (SA), PhD

Head, Trauma Unit, Division of Paediatric Surgery, Red Cross War Memorial Children's Hospital and School of Child and Adolescent Health, University of Cape Town

Sebastian van As qualified as a medical doctor in the Netherlands. After working in rural Bophuthatswana, he specialised in general surgery at the University of Cape Town and sub-specialised in trauma surgery. He holds a PhD in experimental liver transplantation. He heads the only dedicated trauma unit in Africa for children under the age of 13 years. In his capacities as National Director and later President of Childsafe South Africa, he has been active in a wide range of national and international prevention strategies for child injuries and child abuse.

A J W (ALASTAIR) MILLAR, MB ChB, FRCS (Eng), FRCS (Edin), FRACS (Paed Surg), FCS (SA), DCH (Roy Coll Phys & Surg Eng)

Professor and Charles F M Saint Chair in Paediatric Surgery, Red Cross War Memorial Children's Hospital and University of Cape Town

Alastair Millar trained and practised in Australia and the UK and has over 30 years of extensive experience in general paediatric surgery, including trauma and neonatal surgery, oncology and transplantation. He pioneered paediatric liver transplantation in South Africa.

Correspondence to: Sebastian van As (sebastian.vanas@uct.ac.za)

Trauma was first recognised as a public health issue nearly half a century ago. In recent years paediatric trauma as a major cause of morbidity and mortality has gained more prominence. One of the landmark publications in this process was the publication in 1983 in the *Journal of the American Medical Association* of an article by a senior North American paediatric surgeon, J A Haller, entitled 'Pediatric trauma: The No. 1 killer of children'.¹

In this paper Haller predicted the establishment of specific courses for the management of paediatric trauma closely patterned after the 'adult' ATLS courses, which were only just gaining popularity at that time.

Injuries disproportionately affect children. The impact of childhood trauma, both intentional (i.e. homicide, suicide, crime) and unintentional (i.e. road traffic accidents, drowning, burns, poisoning), has become a major health problem.

Approximately 20 million of South Africa's population are under the age of 20 years. Many injuries in this population group result in varying degrees of disability. Depending on the cause, severity and circumstances of the injury, it may have serious psychological, educational, social and economic consequences for the affected individuals and their families.

Unfortunately, childhood injury is not yet listed as a priority on the National Department of Health's agenda, while the numbers indicate that it is a major cause of death, second only to deaths caused by the HIV/AIDS pandemic.

It is mandatory for anyone practising health care in South Africa to be familiar with the basic management of paediatric trauma.

The World Health Organization predicts that by 2010 trauma and injuries will be the number one killer globally.²

We are delighted to present this issue of *CME*, with specific reference to new trends in the management of paediatric trauma.

Topics range from general child safety issues and 'minor' head injuries to more specific and highly technologically advanced surgical techniques in the diagnosis and management of complex paediatric trauma.

We hope and trust that the articles in this issue on new trends in paediatric trauma will keep you adequately updated and will

encourage you to utilise it as an introduction to the emerging global literature on the topic.

1. Haller JA. Pediatric trauma: The No. 1 killer of children. *JAMA* 1983; 249(1): 47.
2. Peden M, Oyegbite K, Ozanne-Smith J, *et al.*, eds. *World Report on Child Injury Prevention*. Geneva: WHO and UNICEF, 2008. http://www.who.int/violence_injury_prevention/child/en/ (last accessed: 11 March 2010).

