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Abstract:

Background: Road traffic injuries continue to exert a huge burden on Kenya's healthcare services. Over 134,000 crashes occur on the Kenyan roads killing more than 2,600 and seriously injuring 11,000 people annually. Injury pattern among traffic trauma admissions have been recently described while that of fatalities remains unstudied. Serious injuries will continue to result from road collisions as long as the compliance to traffic rules remains poor, the rates of seat belt use is low and the number of pedestrian walkways and flyovers few. Objective: To determine the pattern of fatal injuries from road traffic collisions in the city of Nairobi. Design: This was a prospective descriptive study. Setting: Kenyatta National Hospital (KNH) and the Nairobi City Mortuary. Subjects: One hundred consecutive road traffic fatalities autopsied between April 2003 and January 2004 (90 KNH Mausoleum, 10 Nairobi City Mortuary). Results: Casualties included 81 males and 19 females with an age range of 4-80 years and a median age of 33.5 years. Forty-five percent arrived at casualty dead while the remainder were admitted for a mean period of 14 days. The main road-user groups involved were pedestrians (62%), passengers (24%) and drivers (9%). A majority (72%) were injuries sustained along major highways. Head trauma was the most common form of injury accounting for 76%, followed by chest injuries 70%, abdominal injuries 60%, lower limb injuries 56%, upper limb injuries 35%, neck injuries 29% and pelvic injuries 24%. Head, abdominal and chest injuries accounted for 57%, 17% and 13% of causes of death respectively. Limb injury was the least common cause of mortality, although it may have complicated some of the other injuries. Conclusion: Road traffic fatalities are predominantly a pedestrian problem. Head and trunk injuries account for 87% of the deaths. Provision of pedestrian walkways and flyovers along major highways may protect the vulnerable pedestrian population. Improvement of immediate emergency services able to cope with head and trunk injuries is recommended