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A Photograph of a Medical Report on Muhammad abu Aker's Physical Condition

A medical report made by the physician at al-Makassed Islamic Charitable Society Hospital in Jerusalem, Dr Khaled Qawry, on the physical condition of the shaheed Muhammad abu Aker following his injury from a gunshot to his abdomen.

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MEDICAL REPORT

MUNANDAD ABU AKER, 17 years old male patient, was admitted to our hospital on 6th August, 1988, suffering from gunshot to his abdomen. He was in shocky state; there was small puncture wound in his left flank, and a 1cm wide one just to the left of the umbilicus which was bleeding profusely; the abdomen was rigid.

Resuscitation measures were undertaken and the patient was taken to the operating room without delay. Under antibiotics cover laparotomy was done with the following operative findings:-

- about 3 liters of blood were sucked out from his peritoneal cavity.
- the mesentery was involved in a massive, expanding haematoma.
- the third part of the duodenum showed a sizable laceration.
- the under-surface of the pancreas and retroperitoneum revealed a big haematoma.
- perforation of the jejunum just below the ligament of Treitz, with several distal perforations of the small bowel.
- laceration of ascending colon and hepatic flexure with gross fecal soiling.
- non-penetrating injury of the posterior wall of the stomach and superficial laceration of the body of the pancreas.

For that:- the duodenal injury was repaired.

- about 5 feet of proximal small bowel were resected
- right hemicolectomy performed.
- we tried to deal with the hematomas but this proved to be frustrating.
- peritoneal toilet was done.
- drains inserted and the abdomen was closed.

The family were told about the extent of the patients injury which left little room of optimism:-

On 19, August, 1988 his wound dehiscd and he had to be taken immediately to the operating room, where, the whole small intestine and the remenant of transverse colon and splenic flexure were found to be gangrenous, the duodenum was leaking, and the abdomen was full of thick, fibrinous exudate. We believed that the situation was hopeless. So we closed the abdomen.

On 25, August, 1988 laparotomy was done where all remnants of gangrenous bowel were removed and peritoneal toilet performed.

Small duodenostomy (3rd part) was done and the proximal descending colon was closed. We maintained him on hyperalimentation (fat, amino-acids, concentrated glucose, vitamins and rare metals). He has lost an appreciable amount of weight.

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مستشفى الخصال الخيرية الإسلامية
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رقم الإشارة :

التاريخ :

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Palestinian Human Rights information Centre in Jerusalem were interested with Mohammad's case, and they asked us if they can help and our answer was " Intestinal Transplant" which is uptill now experimental !!

They contacted with International organizations in U.S.A. and Canada. They invited us to go to U.S.A. for evaluation and possible intestinal transplant.

On October 4, 1988 he was transferred to New England Deaconess Hospital in Boston/ U.S.A. After evaluation they opted to continue his treatment with hyperalimentation and to postpone the intestinal transplant.

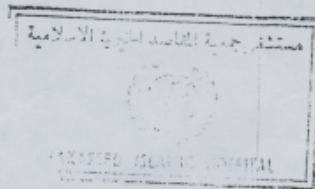
Permanent intravenous catheter (Hickman's Catheter) was inserted, and he was transferred again to our hospital on 13 January, 1989, we continue to treat him with total parenteral nutrition.

Mohammad was discharged from our hospital on 7th, March 1989 on Hyper-alimentation.

This is a case of (Home total parenteral nutrition). He is coming to our out patient clinic once a week. He is in good general condition.

Usually weekly complete analysis is done with normal results. We are maintaining him as best as we can until better condition for intestinal transplant are present.

This report is being given upon request.



Dr. KHALED OURIE,
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