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The use of computed tomography (CT) in trauma patients. A total of 237 computed tomographic (CT) scans were reviewed retrospectively in a group of trauma patients. Of these, 118 were on acute patients and 119 were post-operative patients. The CT scans were analysed to determine the diagnostic and prognostic value in specific trauma injuries and its impact on overall morbidity and mortality. In this study, 73% of patients had no evidence of CT scan abnormalities on initial scan. The findings on scanning, however, were not indicative of the expected outcome. An initial CT scan is a useful guide to the diagnosis of certain specific trauma injuries, but may be normal and does not predict the patient's clinical outcome. CT scanning is associated with risks. Radiation from a CT scan may lead to a greater incidence of cancer. The purpose of this study was to identify abnormalities on CT scan and the effect of these abnormalities on patient outcome. The aim of this study was to identify abnormalities on CT scan and the effect of these abnormalities on patient outcome. Patients requiring a CT scan over a three-month period were reviewed retrospectively. A total of 237 patients were identified as having had CT scanning during the study period. The results showed that 43% of the patients had an abnormality in the form of an intracranial or extra-cranial haematoma, head injury or penetrating wound. The mean number of abnormalities identified by CT was two. The most common injuries seen on CT scan were intracranial haemorrhages, non-head injuries and penetrating wounds. The overall mortality for trauma patients was 19%. In this study, 18% of patients had a CT scan prior to definite treatment. The results from the patients who had a CT scan prior to definite treatment showed an overall mortality of 17% compared with the overall mortality of 24% in those patients who did not have a CT scan prior to 2d92ce491b