**Introduction**

The liver is the most frequently injured solid intra-abdominal organ. Incidence of liver trauma associated with other solid organs bowel mesenteric & diaphragmatic injury has been reported to be 15-20 %. **( igrec et al., 2010)**

 Associated injuries to other organs and uncontrolled bleeding from the liver contribute to high morbidity and mortality rates. Mortality rates have fallen from 66% during the Second World War to current level of 28 %.**( Sikhondze et al., 2007)**

Management of blunt liver trauma has progressed over the last 20 years with the adoption of conservative non-operative management as gold standard in 80-90% of patients.**(Bouras et al .,2010)**

The main indication the operative approach to the blunt liver injures is hemodynamic instability not the grading of the injury. Although a higher grade injury has a higher potential for failure of non operative management, hemodynamic instability remains the most important branch of the decision tree indicating operative intervention. **(Velmahos, et al., 2010)**

Reducing the morbidity and mortality from hemorrhagic shock and subsequent sepsis remain the main obstacles in the management of liver trauma. Many approaches for operative management of complex liver injuries are used, including packing techniques, resectional debridement, and hepatotomy with vascular ligation**. (Mullins et al., 2010)**

**Aim of Work**

The aim of this prospective study is to assess management of liver trauma and to analyze factors that influence outcome.