**Introduction:**
- The abdomen is the 2nd most common region injured using seatbelts in small children after the Head/Face.\(^1\)
- Seat belt syndrome has been described in the trauma literature, but, few, if any, reports are available about the anesthetic management in children.
- Children with this type of injury often require major vascular and spinal surgery.

**Case Presentation:**
- 6 yo Male presents ED following a head on MVC. He was restrained with a lap seat belt in the front seat of the car. He complained of back and abdominal pain, but was hemodynamically stable, A& O with no neurologic deficit.
- Pressure gradient between ankle and brachial blood pressures (ABI index of 0.5)

**Operative Course:**
- The retroperitoneal findings and pressure differential between upper and lower extremities were compatible with an aortic dissection.
- An exploratory laparotomy was performed and an almost complete transection of the infrarenal aorta was repaired.
- POD#4 the patient returned to the OR for T11-L3 posterior spinal fusion to repair the burst fracture
- The patient was discharged home nine days after his MVC.

**Discussion:**
- Children are especially vulnerable to injuries of the abdominal aorta and posterior spine injuries because of the frequency of incorrect seat belt positioning, increased head-to-body ratio, and poorly developed iliac crests.\(^2,3\)
- In 1979 the first case of an acute aortic dissection with resulting aortic occlusion from a lap belt injury was called "seat-belt aorta,"
- During the rapid deceleration of a high-speed collision, the spine hyper flexes while the abdominal viscera and aorta are subjected to direct compression between the spine and the lap belt.\(^2\)

**Conclusion:**
- While uncommon in pediatrics, the overall mortality rate of abdominal aortic trauma is high,\(^2\) & has been reported to be between 18% and 37%.\(^4\)
- We described this injury because children with seat belt syndrome may require emergent or urgent anesthesia for vascular repair and spine stabilization.

**References:**