Effect of Transventricular Cerebrospinal Fluid in Patient with Severe Brain Damage with Thin Acute Subdural Bleeding. A Comparative Study with Decompression Trepanation Action

Abstrak:
Severe brain injury is a serious public problem in health service centers and needs continuous improvement of management system. Acute subdural hematomas is the main cause of mortality in severe brain injury with intracranial mass lesion, averaging 42%-90%. There are different considerations until this time about the management of thin acute subdural hematomas less than one centimeter of thickness that have mass lesion effect with cerebral midline shift of more than five millimeters in severe brain injury. 

Observational prospective study, sample number 38 cases of severe brain injury with thin subdural hematomas in August 2005 until July 2006. There are 19 cases treated with surgical decompression craniotomy and 19 cases treated with transventricular CSF drainage. The two groups were followed up concerning mortality and out come until three months after procedure treatment. Statistically analysis with ordinal regression and Fisher’s exact and t 2 sample tests. Mortality of decompression craniotomy in severe brain injury group is 57,9%, vegetative and severe disability are 5,3%, moderate disability and full recovery are 15,8%, compare with trans ventricular CSF drainage 36,8% mortality and 5,3% vegetative and severe disability5,3%, moderate disability and 42,1% full recovery.

Ordinal regression analysis for Craniotomy decompression and CSF drainage to dependent variabel are significance for mortality with p value 0,041. There are significant factors showing that trans ventricular CSF drainage of thin acute subdural hematomas in severe head injury is better than surgical decompression craniotomy management.

Keyword:
Subdural hematomas, severe brain injury, trans ventricular CSF drainage, surgical decompression craniotomy

Daftar Pustaka:

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