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## Clinical and radiological presenting features and post-operative complications of intracerebral haematoma by burr-hole operation using urokinase

Mohammad Nazrul Hossain<sup>1</sup>, Israt Zerin Eva<sup>2</sup>, Junayed Ahmad<sup>1</sup>, Nazmul Hassan Saki<sup>1</sup> and Saniath Ahmad Salehin<sup>1</sup><sup>1</sup>Jalalabad Ragib-Rabeya Medical College Hospital, Bangladesh<sup>2</sup>Dhaka Medical College Hospital, Bangladesh

This was a prospective and interventional type of study conducted in the Neurosurgery Department of Dhaka Medical College Hospital (DMCH), Dhaka from July 2010 to December 2010 with a sample size of 30 to observe the presenting feature, radiological findings and complications of burr-hole aspiration of intracerebral haematoma by using urokinase. Purposive sampling technique was used using a semi-structured data collection sheet designed for this study. Equipments used for the study were CT scan, soft catheter and standard burr-hole instrument. It was observed that 73% of the cases were within 9-12 GCS. Basal ganglia were involved in about 77% cases while fronto parietal lobe was involved in only 3% cases. CT scan revealed that half [15 (50.00%)] of the patient's haematoma was in the left hemisphere. Without considering the volume of extension into the ventricles, the average intracerebral haematoma volume was 41.43 ml and the volume ranged from 20.0 to 80.0 ml. [18 (60.0%)] of the patients had ventricular extension of the haematoma. Three-fifth of the haematomas

were complicated with ventricular extension. More than one-fourth of the patients [8 (26.67%)] died before 3rd POD. In a single (3.33%) patient GCS decreased. Out of the remaining 21 cases, GCS increased 1 to 5 points. Pneumocephalus was the complication in about 17% cases, while accidental catheter withdrawal and aspiration pneumonia were the complications in about 7% each. It was revealed that 50% deaths were due to respiratory failure and all these deaths were before 3rd POD. Involvement of different areas of the cerebral hemisphere had strong association in outcome, when only death was considered; i.e. only 14.3% patients with cortical haematoma died on the contrary, 85.7% patients with ICH in the basal ganglia with ventricular extension (3 or more ventricles) died. Early treatment (within 24 hours of occurrence) by using minimally invasive technique and clot removal by urokinase mediated clot lysis can improve the consequences especially those with haematoma volume <40 ml, lobar haematoma and without ventricular extension.

e: drmnh2003@gmail.com