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Surgical treatment of traumatic posterior fossa epidural hematoma

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The objective of the study is to assess clinical features and imaging study and surgical treatment outcomes. We carried out a retrospective analysis, 71 cases of patients with Posterior Fossa Epidural Hematoma PFEDH who were admitted to the Cho Ray Hospital (Ho Chi Minh, Vietnam) from 2011 through 2013. Diagnosis was established in all patients with the aid of CT scanning because the clinical manifestations were frequently nonspecific. Cases were stratified by clinical course, Glasgow Coma Scale score, and their image head CT status. Based on clinical and radiological parameters of head CT the patients underwent surgical procedure. Seventy-one patients underwent surgery. Mostly male individuals were affected with PFEDH. The results of research on the surgical treatment of epidural hematoma after traumatic posterior fossa of 71 cases includes- Results regarding clinical features and imaging: Factors such as age epidemiology are common in ages from 20-30 years old. Found more men and women with the proportion of male/female: 4/1. Causes of injury in CHORAY hospital in Vietnam we recorded realized mainly because of traffic accidents accounted for 71.8%, the accident usually happened to a group of workers. In clinical we noted that patients hospitalized with a history of head injury or occipital region accounted for 100%. Bruising, wound or contusion occipital scalp accounted 88.7%, headaches 64.8%, nausea or vomiting 17/71 (23.9%), dizziness 7/71 (9.9%), otorrhea 4/71 (5.6%), neck stiffness 2/71 (2.8%) of cases. On detection

head CT occupies 95.8% occipital bone fracture, deformation of cerebral ventricular image occupies 67.6%, midline shift 28.2%. Fourth ventricular collapse accounted for 56.4%. Shape style typical hematomas accounted 97.2% biconvex (lenticular). Underlying intra-cerebral lesions accounted for 63.38%. Most cases of our posterior fossa epidural hematoma starting surgical treatment with a minimum of 12 ml hematoma, a minimum thickness of 1.3 cm; Results regarding evaluation result of surgical treatment: All our 71 cases were treated with surgery. The technique of surgery craniectomy and hematoma removal accounted for 66.2%, craniectomy leaving the bridging skull bones accounted for 33.8%. Source found intraoperative bleeding, bleeding from the bone marrow fracture 85.9%, unknown cause 7.0%, venous sinus 5.6% and 1.4% dural arteries. Underlying intracranial surgery accounted for 15.5% of cases. Successful surgical outcome with a good recovery rate return to the normal activities accounted for 87.3%, moderate functional losing 8.5%, severe functional loss of 2.8%, no case of vegetative state. The early complication is accounting for 5.6% which re-operative accounted for 1.4% within the early complication. The mortality rate of 1.4% we occupy among the re-operative complications. Using statistical methods, we noted factors affecting treatment outcomes include the following elements: GCS score at composing surgery, underlying intracranial surgery and midline shift.

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