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Outcome of surgical evacuation for acute subdural hematoma in geriatric head injury

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Introduction: Traumatic acute subdural hematoma (ASDH) in elderly suffering from moderate and severe head injury is associated with poor outcome. The effect of surgical evacuation of traumatic ASDH in absence of other hematoma is not well studied.

Material & Method: We retrospectively review the data from the trauma registry of a regional trauma centre, from 2007 to 2010. Patients with isolated traumatic ASDH aged between 65 and 90, with Glasgow Coma Scale (GCS) not more than 13 on admission, were included.

Results: There were 31 patients with mean age 77 (65–89), and 55% were men. GCS on admission was not more than eight in 36%, and 24% had one or both pupils being non-reactive. The mean thickness of subdural hematoma was 15 mm (2.9–29.1), and mean midline shift was 7.6 mm (0–20.7). At least, one significant comorbidity was present in 80% of patients, while 45% were on antiplatelets and/or anticoagulants. Ten patients (32.3%) underwent craniotomy for evacuation of hematoma. 21 patients was treated conservatively. The operated group had more midline shift on imaging than the conservative group ($p=0.012$). Patient baseline characteristics and clinical status upon admission were similar between the two groups. 30 days mortality was associated with increased ASDH thickness ($p=0.000$), more midline shift ($p=0.011$) and worse revised trauma score ($p=0.038$). Good outcome at six months (Glasgow outcome score 4-5) was associated with younger age ($p=0.049$) and evacuation of ASDH ($p=0.015$). Multivariate analysis showed evacuation of hematoma (OR 7.1, 95% CI 1.1–43.5, $p=0.036$) was an independent predictor for good outcome. 60% of operated group could live independently at six months, whereas only 14.3% of conservative group had good outcome at six months.

Conclusions: Surgical evacuation of isolated traumatic ASDH is beneficial in elderly patients suffering from moderate and severe head injury.

Biography

Calvin Mak is a Neurosurgeon specialist, working as an Associate Consultant at Queen Elizabeth Hospital in Hong Kong. After completing his graduation at University of Hong Kong, he worked at several neurosurgery centers in Hong Kong during Neurosurgical training, and completed the fellowship of FRCSEd (SN) in 2014. His current clinical and research interest includes "Traumatic brain injury, skull base surgery, neuro-endoscopy, and minimal access brain and spine operations". He is also interested in implementing information technology in postgraduate training and medical practice.

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