

2nd International Conference on

Neurological Disorders and Stroke

April 28-30, 2016 Dubai, UAE



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Decompressive Craniectomy for Malignant Middle Cerebral Artery Infarction: Preliminary Experience of a Tertiary Care Center from Saudi Arabia and Current Recommendations

Objective: Malignant middle cerebral artery infarction is known to be associated with significant rates of mortality and morbidity. This study was undertaken to assess the immediate and one-year outcome of this intervention and to present our experience from two tertiary centers in western Saudi Arabia.

Methods: The authors conducted a retrospective study to evaluate patients who underwent decompressive hemicraniectomy between November 2010- December 2015 due to clinical deterioration from space-occupying middle cerebral artery infarct. The patients were followed for at least one year after intervention using Barthel Index (BI) & modified Rankin Scale (mRS) as measures for functional independence.

Results: Six patients were included in the study. The mean age was 41.57 years and, the mean preoperative Glasgow Coma Scale (GCS) score and NIH Stroke Scale were 6.8 and 15, respectively. The mean time from stroke onset to surgery was 48.8 hours. The mean immediate postoperative GCS was 5.7. Thirty-day survival rate was 66% with mortality reaching up to 50% at one year. Among survivors, the mean mRS score of 4.6 (SD 1.53), 66% were entirely dependent (BI 0-20), 33% were partially dependent (BI 60-95) at one-year post surgery, and only one patient remained in a vegetative state.

Conclusion: Survival after decompressive hemicraniectomy is better than previously reported ; this might be explained by early intervention & patients' young age in this series. Functional outcome was found to be highly variable, thus further studies with larger number of patients are encouraged to examine functional outcome predictors among survivors.

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