

LOBECTOMY IN TRAUMATIC BRAIN INJURY PATIENTS WITH INTRACEREBRAL HEMORRHAGE AND DELAYED CONTUSION

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Abstract

Background: TBI, standing for Traumatic Brain Injury, is a leading cause of death worldwide; nonetheless, data on its management has hitherto been sparse. In view of the fact that brain lobectomy is a contentious issue in the management of TBI, we set out the current study to assess the mortality rate and outcomes of TBI with delayed contusion or Intracerebral Hemorrhage (ICH) undergoing lobectomy.

Methods: We evaluated 135 TBI patients with delayed contusion or ICH undergoing brain lobectomy from 2001 to 2013. Withal, the mortality and Glasgow Outcome Scale (GOS) and Glasgow Comma Scale (GCS) rates were assessed in these patients and the association in between was sought.

Results: The TBI patients undergoing brain lobectomy (77% male versus 23 % female) had a mean age of 43.4 ± 20.3 years and experienced a survival rate of 62.2% (71% in females versus 60% in males). Favorable GOS was observed in 53% of male patients, compared with 27% in the females. Age was demonstrated to significantly affect the mortality rate ($p=0.0001$). Initial GCS score was associated with GOS as 79.1% of the survived patients with a GCS of higher than 9 on admission were discharged with favorable GOS.

Conclusions: The evidence from the present study indicates that lobectomy can be an acceptable surgical procedure in management of TBI patients with delayed contusion or ICH.

How to Cite

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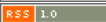
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