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C0061 - CEREBROSPINAL FLUID DYNAMICS DISORDERS AFTER MODERATE AND SEVERE TRAUMATIC BRAIN INJURY, ANALYSIS OF RISK FACTORS

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Resumen

Objectives: To determine the incidence and factors associated with cerebrospinal fluid dynamics disorders in patients with moderate and severe traumatic brain injury.

Methods: From October 2010 to October 2016, 177 patients were admitted to the Intensive Care Unit of the University Hospital Complex of Vigo with the diagnosis of moderate and severe TBI, early mortality cases (first 3 months) were excluded; subdural hygromas and posttraumatic hydrocephalus were the dependent variables.

Results: Mean initial GCS was 8.55, mean GOS at discharge was 3.86 and at 6-month GOS was 4.02, 6-month mortality was 5.65% and severe disability and vegetative state 19.76%, the incidence of subdural hygromas was 39%, the majority (49%) ipsilateral to the primary lesion, the incidence of subdural hygromas in patients with decompressive craniectomy was 47.37%. and 36.69% in non-craniectomized patients; 97.5% of non-craniectomized patients did not require specific management, 56% of craniectomized patients required surgical treatment of the hygroma, the incidence of contralateral hygromas in patients with secondary decompressive craniectomy was significantly higher ($p = 0.02$), 69.49% of patients did not present alterations in ventricular size, 22.6% had subclinical ventriculomegaly and 7.91% had posttraumatic hydrocephalus requiring ventricular shunting in an average time of 3.93 weeks from trauma, 33% of patients with secondary decompressive craniectomy had posttraumatic hydrocephalus compared to 5% and 11.5% of non-craniectomized patients and with primary decompressive craniectomy respectively ($p = 0.03$), the incidence of subdural hygromas in patients with normal ventricular size, ventriculomegaly and hydrocephalus is 30, 55 and 71% respectively.

Conclusions: Secondary decompressive craniectomy is a risk factor for the development of contralateral subdural hygromas and posttraumatic hydrocephalus, both processes are closely related in their incidences, subdural hygromas in non-craniectomized patients presented a benign course, in craniectomized patients 56% of them required surgical treatment.