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C0478 - CRANIAL FIREARM INJURY

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Resumen

Objectives: Cranial firearm injuries are the most severe of war traumas and cause the highest mortality. Wars and acts of terror are the most common causes of cranial firearm injuries. We retrospectively reviewed the patients who were transferred to our intensive care unit due to cranial firearm injuries in the past 6 years.

Methods: Between 2011-2016, 33 patients who were admitted to the Neurosurgery Department with the diagnosis of "Cranial firearm injuries" and 68 patients who were admitted to the Anesthesia and Reanimation Department were examined for clinical and radiological findings. The age of the patients, the general condition of admission to the hospital and Glasgow Coma Score (GCS), brain injury area, cause of injury (bullet, shrapnel) and medical and surgical procedures after injury, duration of hospital stay and treatment outcome were recorded.

Results: The mean age of the patients in the neurosurgery department was 28.21 and the mean GCS at the initial assessment was 11. The mean age of the patients admitted to the anesthesia department was 31.41 and the mean GCS at the initial assessment was 7.5. In neurosurgery department, 6 patients (18%) lost their lives despite all interventions and 23 patients (33.8%) died in anesthesia intensive care unit. 10 patients were discharged with full recovery, 17 patients were discharged with various neurological deficits in neurosurgery department.

Conclusions: The mortality rate in patients admitted to anesthesia intensive care unit is higher than those in neurosurgery department. The lower score of the GCS in patients admitted to the anesthesia intensive care unit and the accompanying multi-organ injuries were effective in this outcome. In patients with cranial firearm injuries, low GCS is the most important prognostic factor and multiple-organ injury is another bad prognostic factor.