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Dural fenestrations versus duraplasty in traumatic acute subdural hematoma**Mohamed Gaber Abdel Tawab**
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Object: Patients with acute subdural hematomas (ASDHs) have higher mortality and lower functional recovery rates compared with those of other head-injured patients. The optimal surgical management of traumatic (ASDHs) is controversial. The aim of these study to compare result of (ASDHs) managed with group(A) dural fenestration (multiple fenestrations of the dura in a meshlike fashion and removing clots through the small dural openings that are left open ,short operative time ,minimal manipulation of brain) Group (B) duraplasty (by precranime or fascia lata graft and close dura after evacuation of hematoma long operative time ,more manipulation of brain)

Methods: A retrospective review of 81 patients with (ASDHs) operated at the Department of Neurosurgery, cairo University during the period from 2012-2015

These patient divided into two group: Group(A) 55 patient operated with dural fenestration ,(50 male and 5 female) median age 41 years old. On admission there were 32 patients with Glasgow Coma Scale (GCS) scores of 3 to 5, 21patients with GCS scores of 6 to 8, and two patients with GCS scores of 9 to 12.operative time average 120 minute Group (B) 26 patient operated with duraplasty ,(22 male and 4 female)) median age 44 years old. On admission there were 19 patients with Glasgow Coma Scale (GCS) scores of 3 to 5, 6 patients with GCS scores of 6 to 8, and one patient with GCS scores of 9 to 12. operative time average 180 minute Early surgical evacuation , decompression craniotomy , intensive care management to monitor intra cranial pressure and follow up CT brain are done for all patients

Results: Group(A) . 20 patient died in the hospital, 16 survived with unfavorable outcome, and 19 survived with favorable outcome. Group(B) . 15 patient died in the hospital, 6 survived with unfavorable outcome, and 5 survived with favorable outcome

Conclusions: The present analysis of the data reveals that dural fenestration show good prognosis in decompressive craniectomy regarding short operative time ,minimal brain manipulation.than duraplasty which show in significantly low morbidity.good survived with unfavorable outcome and good survived with favorable outcome.

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