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Clinical and diagnostic features and therapeutic aspects of combined traumatic brain injury in emergency medical care.

Objective: To study effective ways to improve the scheme of medical care to victims with concomitant traumatic brain injury in the emergency room .

Matirial and methods: During the period from 2008 to 2012 in the offices of multiple trauma, neurosurgery and neuroresuscitation Andijan branch of the Republican Scientific Center of Emergency Medicine 615 hospitalized victims aged 16-76 years. Of these, 375 (61%) males. The age of 516 (84%) of the victims - from 17 to 55 years. The preliminary diagnosis " Traumatic brain injury " is confirmed in all cases. The branches and sub-branches of the Republican Scientific Center of Emergency Medicine organized a specialized emergency room for concomitant injuries , which at the same time is highly qualified medical assistance to the victims in the first hours after injury.

Results: Treatment of 338 (55 %) patients with associated injuries and severe head trauma was carried out in 3 stages. Stage I performed resuscitation , which was based on the restoration of the airway , breathing, and providing cardiopulmonary resuscitation, anti-shock event. Phase II provides emergency specialized care , depending on the prevailing clinical lesions. Under the dominance of signs of brain damage , preference was given emergency neurosurgery. In all other cases, the first carried out trauma intervention. At stage III, performed interventions for less clinically significant abnormalities , as well as restorative treatment .

Treatment of 277 (45 %) patients with milder brain and spinal cord in combination with injuries of extremities was performed in 2 stages (because there was no need for resuscitation) . The amount of aid was limited to the primary surgical treatment, applying plaster bandages , setting devices for skeletal traction , traction and reclination of injured spinal column .

In 145 (23.5%) affected , mostly with the vital impairment, extended resection was performed trepanation . Removal of hematoma was carried out through burr holes in 38 (6%) patients , mostly in older and elderly , as well as for chronic post-traumatic hematoma and hygroma . Osteoplastic trepanation , which has recently been favored by us , is made in 152 (24.7 %) cases.

In 218 (35.4 %) patients with a vital violations after a preliminary short-term (30 min to 1 h), intensive care and anesthesia training performed emergency surgery , during which continued intensive therapy (for example, the operation aimed to stop the bleeding and remove the depressed bone fragments) . In 90 (14.6%) suffered no breakthrough bleeding and respiratory failure early surgery performed in hemodynamically stable for 2-6 h after injury. In 72 (11.7 %) had no evidence of traumatic shock and hemorrhage produced delayed surgery (within 6 hours after admission) .

Conclusions:1. In severe concomitant traumatic brain injury conducting diagnostic procedures and manipulations with isolated lesions radically impossible or fraught

with difficulties because of the combination and a multiplicity of traumatic injuries.

2 . Surgery for increasing the compression of the brain and spinal cord should be done on an emergency basis , including in critically ill patients (but not terminal) state.