Abstract

MANAGEMENT AND OUTCOMES OF EXTRADURAL HAEMATOMAS AT KENYATTA NATIONAL HOSPITAL

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Background: Extradural hematoma is a true neurosurgical emergency and remains among the most common causes of mortality and disability resulting from traumatic brain injury. The purpose of this study was to evaluate the current management and factors that influence outcome in patients treated for extradural hematoma in an African setting.

Methods: A total of 224 consecutive patients who were admitted to the neurosurgical unit at the Kenyatta National Hospital and diagnosed with extradural hematoma between January 2007 and December 2011 were included in this study.

Results: There was a clear male predominance of 96.9%. The median age was 29 years. The most common cause of injury was assault (45%). Good functional recovery was achieved by 190(86.2%) of the patients in our series, whereas residual disability accounted for 6.7% and mortality for 7.1%. The proportion of patients who achieved functional recovery significantly decreased with increasing age (p=0.011). A lower GCS score at admission was associated with a poorer outcome (p=0.032). The time elapsed from initial trauma to surgery significantly influenced outcome (p=0.007).

Conclusion: A longer duration between trauma and decompression, a low preoperative GCS score, pupillary abnormalities and those older than age 61 are prognostic indicators of an increased risk of poor outcome.