

To the question of decompression trepanation of the skull

Abstract

The author describes the observation of successful treatment of the victim with a brain injury that is at the time in a State of clinical death. Produces an analysis of the factors that have contributed to this success.

Keywords: traumatic brain injury, clinical death, trepanning

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Shaposhnikov Veniamin Ivanovich

Department of Oncology, Russia

Correspondence: Shaposhnikov VI, Department of Oncology with a course of radiation Diagnostics and therapy the NIGHT, Kuban Medical Institute, Krasnodar, Russia, Email 79183446404@yandex.ru

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The purpose of the study

Show that the State of clinical death when brain injury can achieve success.

Introduction

Currently, in all countries of the world there has been a rapid increase in injuries with damage to the skull. This is due to many factors. Including intensive equipment population individual movement.^{1,2} The same increased mechanization of labor, welfare, and sport has become downright cruel and therefore dangerous. In this situation often surgeons and traumatologists faced tough questions on saving the lives of victims. Often had to resort to trepanation of the skull. A leading role in determining the indication for this operation belongs to computed tomography.³⁻⁶ From the severity of brain dislocation axial forecast depends on the damage. Offset its midline structures more than 6 mm testifies to oteke brain that accompanied by the development of coma. The deployment of more than 10mm refers to a critical size, and lateral displacement of more than 12mm becomes threatened for life and requires trepanation skull to decompress and subdural intracerebral hemorrhage, as well as pockets of brain injury. Among those injured there is a critical level of intracranial pressure (20mm Hg). Dura mater becomes tense. This necessitates the production of a wide (8h10sm) and the permanent holes in the skull, the bone fragments are removed altogether.^{2,7,8} Mortality in this operation reaches 53-55%. The severity of the same destruction of the brain when road injury depends on the inertia of the vehicle. For example, if the speed of 40km/h stopping usually does not lead to the death of the driver and passenger, because inertia is small, and at 90km/h and above-leads, because the inertia of the brain is great and it is hit first on the frontal bone, and then protivoudar on occipital. This is accompanied by its structural destruction.^{1,5,9} Thus, when selecting a method of treatment of victims with brain injury must take into account its causative factor that assistance was provided in a proper and timely manner.

Material and methods

We have personally performed 126 decompression trepanacij skull about the injury and the gap of the brain, as well as subdural hematomas intracerebral and. Indication for surgery were milestone (2-3) x-ray studies that identify positioning aksialnuju (from 6mm and above), growing with each passing hour. At the same time has seen an increase in systolic blood pressure. The age of the patients was

from 16 to 72 years. 3.5 times higher in men than women. Lethality was 47.3%. From these entire affected following patient deserves special attention. Reception area associated with disco boy was taken 20 years in a State of clinical death. Among the young people accompanying him very vobuzhdjonno behaved girl is due to her fight, during which the victim was hit on the head with a stick. The staff immediately began to carry out cardio-pulmonary resuscitation. Tracheal intubation was fired and connected hardware. Against the background of these events began to hold a closed heart massage. The State of clinical death continued-cornea and glistening eye turgor was maintained. Fifteen minutes later they brought the mother of the victim. She was informed of the hopeless state of the son, and that his salvation would require decompression trepanning, but this operation does not guarantee success. She began to insist on immediate surgical intervention. The circumstances of the injury gave hope for success, and for this reason to procrastinate with it. But independent breathing, and cardiac activity was restored only one hour after the beginning of the closed heart massage. I understood that if not urgently perform trepanaciju skull, something happens in the medulla oblongata incursion big zatylochnoe hole and then comes the biological death. Realizing that it is more like an adventure, I performed a bilateral decompression trepanaciju skull Kushingu, i.e. made holes in the skull size in the 8h10sm. On both sides of the dura mater was strained. When it is cut, it was found that there is no brain pulsation and blood-steeped brain substance, i.e. the prognosis was bad. I told the mother of the patient and his bride, but they do not believe and have begun to implement an effective care.

Results

Through the 21 day from the beginning of the intensive care unit this victim wiggled the finger, and after 6 months, I met him on the street with her mother. In addition to skandirovannoj speech, he had a healthy look. A year later I learned that he was born a son. But for all the canons of medicine he had to die.

Discussion

Success in treating this patient to the field of miracles, and due to timeliness of the operation that staved off incursion of the brain in the zatylochnoe hole and damage mechanism is absent protivoudar from inertia. Medicament therapy provided stability of homeostasis, and intravenous feeding korrigirovala power consumption, but the main thing was heart care, which was provided by the mother and the bride and their faith in his salvation

Conclusion

In carrying out medical activities in brain injury must take into account damage mechanism and prevent the emergence of new diseases. If there is no brain inertia factor, and this prevents protivoudar, then there is hope for saving the life of the victim. To do this, remove the Jet stress the brain, through the creation of conditions for its expansion, and without wide cranial trepanation in this process. Hence, it should be done in a timely manner. The existence of clinical death in those affected requires cardiopulmonary resuscitation. It can lead to a positive result.

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None.

Conflicts of interests

The author declares that there is no conflict of interests.

References

1. Bersenev VP, Ivanova NE, Kasumov RD, et al. Distant results of treatment of traumatic intracranial hematoma. *The proceedings of the Conference*. 2005:44–45.
2. Krylov VV, Talypov A, Capenko SV, et al. *In trepanation Options in victims with severe traumatic brain injury modern correction methods of intracranial pressure in patients with bleeding in the brain of the urban scientific and practical Materials Conference*. Ambulance Research Institute Sklifosovsky. 2004;176:10–13.
3. Korypaeva IV. Clinic and treatment of traumatic intracranial hematoma a large amount (100 cm³)/DIS. *Cand honey Sciences*. 2004.
4. Puras UV, Talypov A. Prediction of outcome of surgical treatment of the severe craniocerebral injury//materials of the all. *Russian scientific*. 2007:50–51.
5. Tsarenko SV. Nejrreanimatologija. *Intensive therapy of brain injury*. 2005.
6. Altánese J, Leone M, Alliez JR, et al. Decompressive craniectomy for severe traumatic brain injury: Evaluation of the effects at one year. *Crit Care Med*. 2003;31(10):2535–2538.
7. Csokay A, Egyud L, Nagy L, et al. Vascular tunnel creation to improve the efficacy of decompressive craniotomy in posttraumatic cerebral edema and ischemic stroke. *Surg Neurol*. 2002;57:126–129.
8. Hutchinson PJ. Decompressive craniotomy in traumatic brain injury time for randomized trials II. *Acta Neurochir*. 2005;1(3):147.
9. Mitchell P, Tseng M, Mendelow AD. Decompressive craniectomy with lattice duraplasty. *Acta Neurochir*. 2004;146:159–160.