

Single Centre Retrospective Study of Decompressive Craniectomy Outcomes in Trauma

Ee Shern Liang MB ChB; Lucas M Rakasz; Zakier Hussain MBBS, FRCS (SN), FRACS (Neuro); Yee Chiung Peter Gan MBChB (Glasgow), AFRCS (Edinburgh), FRCS (Neurosurgery), CCST (UK)

Waikato Hospital, Hamilton, New Zealand

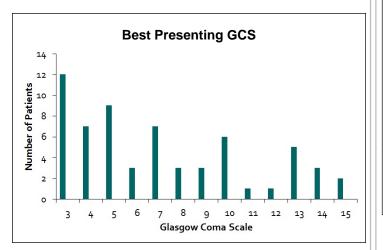


Introduction

A retrospective study measuring the outcomes postdecompressive craniectomy done for cases of traumatic head injury in a single centre.

Methods

Search of theatre cases where decompressive craniectomy has been done for trauma between years 2006 and 2013. Patient data collected include age and gender. Clinical details include the GCS on admission, time to surgery, type of decompression, presence of intracranial clots and intraparenchymal contusions, length of hospital and ICU stay. Glasgow outcome scores (GOS) were measured at time of discharge and on last follow up.



Results

62 patients underwent decompressive craniectomy for trauma with a median presenting GCS of 6. 12 patients had a GCS of 3 on arrival of which 42% died. There were 16 deaths in total accounting for 25.8% of all cases. 87% of cases had evidence of diffused axonal injury or intraparenchymal contusions on CT. Average time to decompressive was 28.7 hours. Average length of hospital stay was 19.5 days, with ICU stay averaging 6.5 days. 67.4% of patients who survived had a GOS of at least 4.

oarison	of Outco	mes with Past Literature	
Year	Mortality	Good recovery/Moderate disability (GOS>3)	N
1997	23%	37%	26
1999	17%	33%	6
2001	-	54%	13
2001	23%	69%	26
2006	28%	51%	40
2006	11%	68%	19
2007	30%	81%	23
2007	14%	71%	21
2013	26%	67.3%	62
2008	38%	31%	16
2008	55%	30%	40
2009	32%	56%	171
2009	31%	42%	26
2010	19%	54%	37
2010	26%	42%	43
	1997 1999 2001 2001 2006 2006 2007 2007 2013 2008 2008 2009 2010	Year Mortality 1997 23% 1999 17% 2001 - 2001 23% 2006 28% 2007 30% 2007 14% 2008 38% 2008 55% 2009 32% 2010 19%	1997 23% 37% 1999 17% 33% 2001 - 54% 2001 23% 69% 2006 28% 51% 2006 11% 68% 2007 30% 81% 2007 14% 71% 2013 26% 67.3% 2008 38% 31% 2008 55% 30% 2009 32% 56% 2009 31% 42% 2010 19% 54%

Note: Outcome percentages for Waikato are expressed as percentage of overall survivors, as are some other studies in this comparison

Conclusions

Decompressive craniectomy is a viable option for treating raised intracranial pressures that are refractory to medical management. Patient selection is important however in spite of this the mortality rate of severe head trauma remains significant.

Overall Outcome				
	Number of Patients (%)			
Glasgow Outcome Scale	At discharge	6 months*+		
Independent with minor deficits	1 (1.6%)	25 (54.3%)		
Independent with significant deficits	4 (6.5%)	6 (13.0%)		
Dependent on cares	37 (59.7%)	8 (17.4%)		
Vegetative state	4 (6.5%)	1 (2.2%)		
Dead	16 (26%)	-		

*6 patients lost to follow up; +Expressed as percentage of patients who survived; Note: All patients discharged to rehabilitation services hence majority of discharge GOS is 3

Learning Objectives

The usefullness of decompressive craniectomy as a surgical option to manage increased intracranial pressure as well as the complications and outcomes one might expect for a patient having such a procedure in the context of severe head trauma.