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Addis Ababa

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Traumatic brain injury (TBI) is a public health problem in Ethiopia. We need more knowledge about the epidemiology and neurosurgical management of TBI patients to identify possible focus areas for quality improvement and preventive efforts.

In a prospective cross-sectional study (2012-2016) at the four teaching hospitals in Addis Ababa, Ethiopia. All surgically treated TBI patients were included, and details on clinical presentation, injury types, and trauma causes were registered.

They included 1087 patients (mean age 29 years; 8.7% females; 17.1% < 18 years of age). Only 15.5% of TBIs were classified as severe (Glasgow Coma Scale (GCS) score 3-8). Depressed skull fracture (DSF; 44.9%) and epidural hematoma (EDH; 39%) were the most frequent injuries. Very few patients were polytraumatized (3.1%). Assault was the most common injury mechanism (69.9%) followed by road traffic accidents (RTA; 15.8%) and falls (8.1%). More than 80% of patients came from within 200 kms of the hospitals, but the median time to admission was 24 hours. Most assault victims (80.4%) were injured more than 50 kms from the hospitals, whereas 46% of RTA victims came from the urban area. Delayed admission was associated with higher GCS scores and non-severe TBI (p < 0.01).

The injury panorama delayed admission, and few operations for severe TBI are linked to a substantial patient selection both before and after hospital admission. The results also suggest that there should be a geographical framework for tailored guidelines, preventive efforts, and development of prehospital and hospital services ¹⁾.

Biluts H, Kassahun A, Abebe M. SHORT-TERM OUTCOME OF OPERATED TRAUMATIC BRAIN INJURY PATIENTS FOR INTRACRANIAL HEMORRHAGE AT TIKUR ANBESSA SPECIALIZED TEACHING HOSPITAL (TASTH), ADDIS ABABA, ETHIOPIA. Ethiop Med J. 2017 Jan;55(1):63-8. PubMed PMID: 29148640.

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