

Bifrontal Traumatic intracerebral hemorrhage treatment

Bifrontal cerebral contusions are common and pose surgical dilemmas regarding both indications as well as the extent of surgery. There is no **guideline** available for the optimal treatment of such lesions. The objective was to determine the best modality of surgical treatment for such patients. Methods This is a retrospective study of patients who were surgically treated for bifrontal contusions during the last 5 years. Clinical features, computed tomographic scan findings, surgical treatment modality, in-hospital mortality, and follow-up data were recorded. Results A total of 98 patients (mean age 45 years) were operated on for bifrontal contusions. The mean Glasgow coma score was 9 and the motor response was M5. Contusions were of the same size on both sides in 22 cases and asymmetric in 76 cases. Patients underwent the following surgical procedures: bifrontal decompressive craniectomy without evacuation of contusion (40 cases), bifrontal craniotomy and evacuation of bifrontal contusion (34 cases), and evacuation of unilateral contusion (24 cases). The overall mortality was 36.7%. The mortality was 55, 35.3, and 8.3%, respectively, with the above-mentioned surgical treatments. There was no difference in mortality between patients with symmetric and asymmetric contusions. The mean duration of follow-up was 23 months. Follow-up data were available for 42 (67.7%) survivors. A favorable outcome was seen in 80.9% of the survivors. Frontal lobe dysfunction was seen in 59.5% of the survivors.

Patients who underwent bifrontal decompressive craniectomy without evacuation of contusion had the worst outcome. Variable removal of contused brain tissue is required for reducing mortality.

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