

Bilateral hemicraniectomy for severe traumatic brain injury in a retrospective consecutive cohort of adult patients undergoing craniectomy for trauma was established between the dates of January 2008 and November 2011. The primary outcome of the study was in-Hospital mortality. Secondary outcomes were ICU length of stay, surgical complications, and Glasgow Outcome Score at most recent follow-up. During the study period, 210 patients undergoing craniectomy for traumatic mass-occupying lesion (epidural hematoma, subdural hematoma, or parenchymal contusion) were analyzed. Of those, 9 met study criteria. In-Hospital mortality was 67% (6 of 9 patients). The average ICU length of stay was 12 days. The GOS score was 3 in surviving patients. Bilateral hemicraniectomy is a heroic intervention for patients with severe TBI, but can be a life-saving procedure ¹⁾.

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Walcott BP, Nahed BV, Sheth SA, Yanamadala V, Caracci JR, Asaad WF. Bilateral hemicraniectomy in non-penetrating traumatic brain injury. J Neurotrauma. 2012 Jul 1;29(10):1879-85. doi: 10.1089/neu.2012.2382. Epub 2012 May 14. PubMed PMID: 22452418.

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