

Blunt cerebrovascular injury treatment

An [antithrombotic](#) or [anticoagulation](#) therapy is recommended to prevent the occurrence or recurrence of neurovascular events. This treatment has to be carefully considered after severe traumatic brain injury (TBI), due to the risk of intracranial hemorrhage expansion. Thus, the physician in charge of the patient is confronted with a hemorrhagic and ischemic risk.

Heparinization

When anticoagulation is employed, perform a baseline [PTT](#) and then begin heparin drip 15 U/kg/ hr IV. Repeat PTT after 6 hours, and titrate to PTT = 40-50 seconds.

Trauma contraindications to anticoagulation: patients that are actively bleeding, have the potential for bleeding, or in whom the consequences of bleeding are severe. Specific examples include liver and spleen injuries, major pelvic fractures, and intracranial hemorrhage.

Dissection-related anticoagulation risks include extension of the medial hemorrhage (with possible SAH), and [intracerebral hemorrhage](#) (conversion of pale infarct to hemorrhagic).

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