## Clinically important traumatic brain injury

Death from traumatic brain injury

Neurosurgery

Intubation for >24 hours for traumatic brain injury

Hospital admission of ≥2 nights associated with traumatic brain injury on CT.

The prevalence of Clinically important traumatic brain injury ciTBI (defined as death, neurosurgery, intubation for >24 hours, or hospitalization for  $\ge 2$  nights in association with TBI on CT imaging) and TBI on CT imaging in children with a guardian report of acting abnormally with (1) no other findings and (2) other concerning findings for TBI.

Of 43 399 children in the cohort study, a total of 1297 children had reports of acting abnormally, of whom 411 (31.7%) had this report as their only finding. Reported as percentage (95% CI), 1 of 411 (0.2% [0-1.3%]) had a ciTBI, and 4 TBIs were noted on the CT scans in 185 children who underwent imaging (2.2% [0.6%-5.4%]). In children with reports of acting abnormally and other concerning findings for TBI, 29 of 886 (3.3% [2.2%-4.7%]) had ciTBIs and 66 of 674 (9.8% [7.7%-12.3%]) had TBIs on CT.

Clinically important TBIs are very uncommon, and TBIs noted on CT are uncommon in children younger than 2 years with minor blunt head trauma and guardian reports of the child acting abnormally with no other clinical findings suspicious for TBI. Computed tomographic scans are generally not indicated in these children although observation in the emergency department may be warranted <sup>1)</sup>.

1)

Nishijima DK, Holmes JF, Dayan PS, Kuppermann N. Association of a Guardian's Report of a Child Acting Abnormally With Traumatic Brain Injury After Minor Blunt Head Trauma. JAMA Pediatr. 2015 Oct 19:1-7. doi: 10.1001/jamapediatrics.2015.2743. [Epub ahead of print] PubMed PMID: 26502172.

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Last update: 2024/06/07 02:52

