

Data on management and outcomes for 126 patients who were admitted with traumatic [diffuse brain injury](#) (GCS 3-8) were studied prospectively over an 18-month period. These patients were treated by one of the two specific protocols: ICP monitoring-based or non-ICP monitoring-based. The primary outcome was measured based on 2 weeks mortality and GOS-E at 1, 3, and 6 months. Secondary outcome was measured based on need for brain-specific treatment, length of ICU stay, and radiation exposure.

Mortality in a subset of patients who underwent surgical intervention later due to increased ICP values, drop in GCS, or radiological deterioration was noted to be significantly lower in the ICP monitoring group ($p = 0.03$), in spite of statistically insignificant difference in overall mortality rates between groups. GOS-E scores at 1 month were significantly better ($p = 0.033$) in ICP monitoring group, even though they equalized at 3 and 6 months. The need for brain-specific treatment ($p < 0.001$), radiation exposure ($p < 0.001$), and length of ICU stay ($p = 0.013$) was significantly lower in the ICP monitoring group.

ICP monitoring-based treatment protocol helps in achieving faster recovery; lowers mortality rates in operated patients; and reduces ICU stay, radiation exposure, and the need for brain-specific treatment ¹⁾.

Though the authors have attempted to evaluate an important topic, i.e., the need for ICP monitoring in diffuse brain injury, there are a few methodological errors and authors have evaluated limited aspects of the problem ²⁾.

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Vora TK, Karunakaran S, Kumar A, Chiluka A, Srinivasan H, Parmar K, Vasu ST, Srinivasan R, Chandan HA, Vishnu PS, Raheja L. Intracranial pressure monitoring in diffuse brain injury-why the developing world needs it more? *Acta Neurochir (Wien)*. 2018 Jun;160(6):1291-1299. doi: 10.1007/s00701-018-3538-4. Epub 2018 Apr 26. PubMed PMID: 29696505.

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Sharma R, Tandon V, Sawarkar D, Phalak M, Raheja A, Kale SS. Intracranial pressure (ICP) monitoring in diffuse brain injury: to do or not to do? *Acta Neurochir (Wien)*. 2018 Jul 11. doi: 10.1007/s00701-018-3610-0. [Epub ahead of print] PubMed PMID: 29992383.

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