Goreisan for chronic subdural hematoma recurrence prevention

Goto et al. studied patients with CSDH who received burr-hole irrigation between January 2011 and December 2014. They divided these patients into three groups. The first group was given goreisan during the early phase after burr-hole irrigation. The second group was given goreisan when there was a visual tendency of recurrence, as observed in the course of computed tomography imaging for outpatients. The third group was not given any drug.

The recurrence rate was compared between each group. The recurrence rate was significantly lower in the early goreisan administration group (5% vs. 12%, P = 0.046). There was a decreased tendency of recurrence in the goreisan-administered group compared with the group that was not administered any drug, but this was not statistically different (6.1% vs. 12%, P = 0.082). The recurrence period in the goreisan-administered group was longer than that in the group that was not administered any drug (39.9 ± 12.1 vs. 27.45 ± 8.5, P = 0.017).

Goreisan is effective in preventing recurrence of CSDH after burr-hole irrigation [1)]

Reports have shown that administration of Gorei-san (Tsumura, Tokyo, Japan) can prevent recurrence of chronic subdural hematoma (CSDH). However, no report has shown its potential, including its correlation with other recurrent clinical factors. We retrospectively evaluated the recurrent factors and the effects of Gorei-san on CSDH using percutaneous subdural tapping. Between April 2009 and February 2012, we performed percutaneous subdural tapping on 160 patients with intact CSDH. Of this population, 125 patients with unilateral hematoma and measurable initial hematoma pressure were included in this study. From April 2010, Gorei-san was routinely administered to patients. Patient characteristics such as age, sex, neurological grading, alcohol, diabetes mellitus, antiplatelet agent, anticoagulant agent, trauma, midline shift on CT images, hematoma volume on CT images, initial hematoma pressure, volume of the removed hematoma, and administration of Gorei-san were analyzed. Recurrence was recognized in 35/125 (28.0%) patients. Multivariate analysis revealed that a greater midline shift on CT images (p = 0.033) and initial hematoma pressure (p = 0.031) predicted recurrence. Gorei-san was administered to 94/125 (75.2%) patients, but they showed no changes in recurrence (27.7% vs. 29.0%; p = 1.0). Among 13 patients for whom Gorei-san administration was started before surgery, CSDH recurrence was reported in only 1 (7.7%). However, the group showed a significantly lower number of recurrent factors. Patients with a greater midline shift in their CT images or higher initial hematoma pressure need close postsurgical observation. The potential of Gorei-san for preventing recurrence of CSDH needs further examination [2)].

1)
Goto S, Kato K, Yamamoto T, Shimato S, Ohshima T, Nishizawa T. Effectiveness of Goreisan in Preventing Recurrence of Chronic Subdural Hematoma. Asian J Neurosurg. 2018 Apr-Jun;13(2):370-374. doi: 10.4103/ajns.AJNS_174_16. PMID: 29682036; PMCID: PMC5898107.
2)
Okamura A, Kawamoto Y, Sakoda E, Murakami T, Hara T. Evaluation of recurrence factors and Gorei-san administration for chronic subdural hematoma after percutaneous subdural tapping. Hiroshima J Med Sci. 2013 Dec;62(4):77-82. PubMed PMID: 24597210.