

Complications

The overall complication rate was infection, 2.1%; hematoma, 0.8%; neurologic deterioration, 2.9%; and death, 0.8%. These results compare favorably with published series ¹⁾.

Quality of Life

Traditionally, the dominant (usually left) [cerebral hemisphere](#) is regarded as the more important one, and everyday clinical decisions are influenced by this view.

The lack of a substantial number of recent, robust follow-up studies investigating the [Quality of Life](#) (QoL) in patients at different stages of disease and treatment indicates that more research is needed. Relevance to clinical practice. Understanding the QoL in patients with brain neoplasm and the differences between right and left hemisphere sites of the neoplasm can help nurses develop different interventions and offer more guidance for effective clinical intervention ²⁾.

In an overall patient-reported QOL perspective, tumor laterality does not appear to be of significant importance for generic [HRQOL](#) in patients with [intracranial tumors](#). This may imply that right-sided cerebral functions are underestimated by clinicians ³⁾.

Depression

[Depression](#) as well as anxious and OCD psychopathology were shown to be prevalent signs among patients with [intracranial tumor](#). Diagnosis of symptoms were totally based on DSM-IV criteria and these disorders and the percentiles don't seem to be related to each other. Due to high variability of tumor stages, statistical analysis of whether the mentioned psychiatric symptoms get worsen at the later stages of the tumor genesis was not feasible. Although not measured directly, psychiatric symptoms seem to get worsen at the later stages of the brain tumor. The associated factors are tumor location, patient's premorbid psychiatric status, cognitive symptoms and adaptive or maladaptive response to stress ⁴⁾.

Patients with [intracranial tumors](#) suffer from decreased [Health related quality of life](#) (HRQoL) and [suicidal ideation](#) (SI) regardless of histopathology. SI is associated with higher Beck Depression Inventory (BDI) scores, but not evident [depression](#) (BDI \geq 18). Thus, patients should be screened specifically and regularly. Lower HRQoL and greatest prevalence of SI at 6 months may help clinicians to find the right time for careful monitoring of patients at risk ⁵⁾.

Reduced [temporal muscle](#) thickness (TMT) was verified as an independent negative prognostic parameter for [intracranial tumor outcome](#) patients. Independent thereof, chronic subdural hematoma (CSDH) is a neurosurgical condition with high recurrence rates and unreliable risk models for poor outcomes. Since [sarcopenia](#) was associated with poor outcomes, we investigated the possible role of TMT and the clinical course of CSDH patients.

This investigation is a single-center retrospective study on patients with CSDH. Dubinski et al.

analyzed the radiological and clinical data sets of 171 patients with surgically treated CSDH at a University Hospital from 2017 to 2020.

The analysis showed a significant association between low-volume TMT and increased hematoma volume ($p < 0.001$), poor outcome at discharge ($p < 0.001$), and reduced performance status at 3 months ($p < 0.002$).

TMT may represent an objective prognostic parameter and assist the identification of vulnerable CSDH patients ⁶⁾

1)

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