

Lebanon

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A report analyzes 116 penetrating wounds of the brain sustained during warfare in Lebanon during 1982-85. Two basic mechanisms of injury were encountered: high-velocity bullets, and shrapnel and stones from explosive devices; and in one case a radio antenna penetrated the head through the orbit. The site of impact was at the convexity in 87% of cases and at the base of the skull in the remaining 13%. Surgery was performed in 83% of the patients: debridement-craniotomy in 73%, burr hole for intracranial pressure monitoring only in 6% and scalp closure only in 4%. The remaining 17% did not require surgery because of transbasal penetration without intracranial mass (10%) or due to moribundity. Indriven bone or foreign body fragments were removed only if readily accessible. The mortality rate was highest among patients with a Glasgow Coma Scale of less than or equal to 4 on arrival, after high-velocity bullet wounds, when the intracranial path was multilobar or transventricular, and when associated lesions were accompanied by shock. A follow-up study of the 49 Israeli survivors for almost 6 years revealed intracerebral-retained bone fragments in 48%, but these did not result in increased immediate or late complications (e.g., infection, epilepsy). These results support our conservative approach. Since all victims of penetrating head injuries were evacuated from Lebanon to Rambam Medical Center, Haifa, our report can serve as an estimation of the incidence of penetrating brain wounds and their burden on a front-line hospital ¹⁾.

¹⁾

Levi L, Borovich B, Guilburd JN, Grushkiewicz I, Lemberger A, Linn S, Schachter I, Zaaroor M, Braun J, Feinsod M. Wartime neurosurgical experience in Lebanon, 1982-85. I: Penetrating craniocerebral injuries. *Isr J Med Sci*. 1990 Oct;26(10):548-54. PubMed PMID: 2249928.

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