

Pediatric intracranial epidural hematoma outcome



Regardless of the [intracranial epidural hematoma](#) size, the clinical status of the patients, the abnormal pupillary findings, or the cause of injury, the outcome and prognosis of the [pediatric intracranial epidural hematoma](#) are excellent ¹⁾.

[Mortality](#) can be significantly reduced with gratifying results if operated early. Best motor response at presentation, pupillary abnormalities, time between injury to surgery, and location of hematoma have been identified as the important factors determining outcome in patients of EDH ^{2) 3) 4) 5)}.

Binder et al., found that immediate as well as delayed surgical evacuation of EDH resulted in excellent outcomes in most cases. Conservative treatment was started in 76% of our cases - however needing in 35% delayed surgical intervention. Overall in all groups excellent final clinical and neurological outcomes could be reached ⁶⁾.

Of all laboratory data obtained on admission, the blood [potassium](#), [pH](#) and [glucose](#) test results correlated significantly with prognosis. Prognosis can be adequately and expeditiously estimated by selected markers within a comprehensive evaluation of children with AEH ⁷⁾.

References

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