

q9891

Sports-related traumatic brain injury, Bicycle trauma.

SAMU on arrival Glasgow Coma Scale 5, normotensive, normal RR, bradycardia. Fentanyl 75mcg iv (13:10) h + Midazolam 5mg iv + ac. tranexamic iv. Later Etomidate 20mg iv + Fentanyl 75mcg iv + Rocuronium 50mcg iv.

Later Midazolam 10mg iv + rocuronium 50mcg iv + 600cc SSF. They perform immobilization with a Philadelphia collar + pelvic girdle + empty mattress. Apparent right clavicle fracture + right shoulder contusion. Ecofast +. They do IOT.

Anisocoria with arreactive pupils

An [ecofast](#) was performed, which seemed positive, and a direct transfer to [Computerized tomography](#) was decided.



Brain edema with [sulcal effacement](#). It is conditioning a [mass effect](#) with compression of the ipsilateral [lateral ventricle](#) and [subfalcine herniation](#), with a [midline shift](#) of 5 mm.

Effacement of the suprasellar and [perimesencephalic cisterns](#) in relation to signs of [descending transtentorial herniation](#). [Hyperdense](#) lesions in the left hemispheric convexity suggestive of [cerebral contusion](#), with an associated [subarachnoid hemorrhage](#) component, extending through the [tentorium](#) and [basal cisterns](#).

Small [pneumocephalus](#) in the basal frontal, anterior temporal and left occipital pole. Trace of a left parietotemporal fracture, which extends through the [Petrosus bone](#) conditioning its longitudinal fracture, until it reaches the greater wing of the [sphenoid](#) and the lateral wall of the left [sphenoid sinus](#). Partial occupation of [mastoid cells](#) and [middle ear](#). There are no clear signs that suggest disruption of the ossicular chain. Partial occupation of both sphenoid sinuses with an air bubble inside the left one. Probable diastasis of the left [lambdoid suture](#). Increased left convex extracranial soft

tissue and to a lesser extent in the right parieto-occipital region, in relation to hematomas.

Multifragmentary fracture of the middle third of the right clavicle. 4th and 5th right rib arch fracture. Right peripheral pulmonary contusions, with cystic image suggestive of pneumatocele.

A left decompressive craniectomy is performed.



Control CT 24 hours after surgery: postoperative changes with a decrease in the mass effect on midline structures, although with signs of radiological worsening. There is an increase in the hemorrhagic component of parenchymal contusions and the appearance of hemoventricular cells, as well as mild [Tetraventricular hydrocephalus](#).

Tendency to [polyuria](#) last night for which a half ampoule of [minirin](#) was administered,

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