Scalp injury

- Rare case of pilonidal sinus of scalp: a case report
- Scalp necrosis following decompressive craniectomy in pediatric patient populations: illustrative case
- Human Cortico-Cerebellar Dynamics During Motor Error Processing After Stroke
- Frequency and pattern of skull base and vault fracture in isolated head trauma
- Craniofacial Soft Tissue Injuries: An Observational Study of Bicycling Injuries From a Level 1 Trauma Center
- A 15-year-old teenager with refractory intracranial hypertension due to scalp arteriovenous fistula: case report
- Traumatic brain injuries in people falling from trees in Ziguinchor: a pathology in a rural area of a developing country
- Penetration of the Scalp by the Bent Fragment of a Pre-installed Titanium Mini-Plate Due to a Minor Head Injury: A Case Report

A scalp wound refers to an scalp injury or break in the skin on the scalp, which is the area covering the top and back of the head. Scalp wounds can vary in severity, ranging from minor cuts and abrasions to more significant lacerations or puncture wounds. Treatment for a scalp wound depends on the extent and depth of the injury. Here are some general considerations for managing a scalp wound:

Assessment:

Evaluate the Severity: Assess the size, depth, and location of the wound. Determine if there is any associated bleeding, foreign objects, or signs of other injuries. First Aid:

Control Bleeding: Apply gentle pressure to the wound using a clean cloth or sterile dressing. If bleeding is profuse, elevate the head to help reduce blood flow to the scalp. Avoid Disturbing Objects: If there are any objects embedded in the wound, do not attempt to remove them. Stabilize the objects and seek medical attention. Cleaning the Wound:

Gentle Cleaning: Clean the wound with mild soap and water. Avoid scrubbing too vigorously to prevent further irritation. Dressing:

Apply a Clean Dressing: Cover the wound with a sterile or clean dressing to protect it from contamination. If available, use an adhesive bandage or sterile gauze. Pain Management:

Over-the-Counter Pain Relievers: If the wound is painful, over-the-counter pain relievers like acetaminophen or ibuprofen may be taken as directed. Medical Evaluation:

Seek Medical Attention: Consult a healthcare professional for a thorough evaluation, especially if the wound is deep, large, or caused by a significant injury. Wounds that may require stitches or other interventions should be assessed promptly. Stitching (Suturing):

Suturing: Depending on the size and nature of the wound, a healthcare provider may recommend stitches (sutures) to bring the edges of the wound together for optimal healing. Suturing is often done for larger or deeper wounds to minimize scarring and promote proper healing. Tetanus Shot:

Tetanus Vaccination: If the wound is caused by a dirty or contaminated object, ensure that the individual's tetanus vaccination is up-to-date. Tetanus booster shots may be necessary in certain

cases. Monitoring for Infection:

Watch for Signs of Infection: Keep an eye on the wound for any signs of infection, such as increased redness, swelling, warmth, or the presence of pus. Seek medical attention if signs of infection develop. Follow-Up Care:

Follow Healthcare Provider's Recommendations: Follow any instructions provided by the healthcare provider regarding wound care, medications, and follow-up appointments. It's important to note that more severe injuries, such as head trauma or wounds accompanied by altered consciousness, should be treated as medical emergencies, and immediate medical attention should be sought. Always seek professional medical advice for appropriate evaluation and treatment based on the specific characteristics of the scalp wound.

Scalp injuries are usually the result of direct impact but may not be apparent in inflicted head injury. When present, these may manifest as abrasion, bruise, laceration, or a burn; subcutaneous hemorrhage or edema (caput succedaneum);subgaleal hematoma or a subperiosteal hemorrhage (cephalhematoma).

see also Head injury.

Diagnosis

Although CT is well suited to the evaluation of these fluid collections, MR imaging with its superior soft-tissue resolution shows these changes to a better advantage.

For patients with scalp injury and pulsatile lumps, further examinations including digital subtraction angiography should be performed to confirm the diagnosis. Surgical treatment or endovascular therapy for scalp traumatic pseudoaneurysm is effective ¹⁾.

Management

Cardona et al. searched PubMed for publications and book chapters in English from 2011 to 2021. We also included commonly referenced papers that we considered relevant to the subject with publication before these dates. We used the search terms 'laceration,' and/or 'neurosurgery' and/or, 'pressure injury,' and/or 'craniotomy,' and/or 'surgical incision' in combination with 'scalp,' and/or 'wound care.' We also searched the reference lists of publications identified by the search strategy and selected those that we judged relevant.

Results: We pre-selected 52 articles that covered various aspects of anatomy, pathophysiology, scalp wound management, or general wound care that we considered applied to the anatomical region of our interest. After the abstract review, we selected 34 articles that met our search criteria and were included in our review.

Conclusion: There is limited evidence regarding the classification and care of scalp wounds. As a

result, many of the current practices for scalp wound management are based on evidence derived from studies involving different anatomical regions, not considering its particular anatomy, vasculature and microbiome. Further research is needed for more comprehensive and effective protocols for the management of scalp injuries. However, this present review proposes responses to the identified gaps concerning the management of scalp wounds²⁾.

Complications

Scalp traumatic pseudoaneurysm.

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Cardona S, Hernández C, Bohórquez-Tarazona MP, Rubiano AM, Parra DMS. Scalp wound management: a narrative review from a neurosurgical perspective. J Wound Care. 2024 Feb 2;33(2):127-135. doi: 10.12968/jowc.2024.33.2.127. PMID: 38329834.

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