

Tranexamic acid for traumatic intracerebral hemorrhage

Controlling of secondary brain injury is necessary due to its salient effect on the improvement of patients with TBI and the final outcomes within early hours of trauma onset.

A double-blind, randomized and placebo-controlled trial was conducted on patients referring to the emergency department (ED) with traumatic intracerebral hemorrhage within 8 h of injury onset. The patients were evaluated by receiving tranexamic acid (TXA) and 0.9% normal saline as a placebo. The following evaluation and estimations were performed: intracranial hemorrhage volume after surgery using brain CT-scan; hemoglobin (Hb) volume before, immediately after, and six hours after surgery; and the severity of TBI based on Glasgow Coma Score (GCC).

40 patients with 55.02 ± 18.64 years old diagnosed with a contusion and intraparenchymal hemorrhage. Although the (Mean \pm SD) hemorrhage during surgery in patients receiving TXA (784.21 ± 304.162) was lower than placebo group (805.26 ± 300.876), no significant difference was observed between two groups ($P=0.83$). The (Mean \pm SD) Hb volume reduction immediately during surgery (0.07 ± 0.001 and 0.23 ± 0.02) and six hours after surgery (0.04 ± 0.008 and 0.12 ± 0.006) was also lower in TXA group but had no significant difference ($P = 0.89$ and $P = 0.97$ respectively).

Using TXA may reduce the hemorrhage in patients with TBI, but this effect, as in this study, was not statistically significant and it is suggested that a clinical trial with a larger population is employed for further investigation ¹⁾.

¹⁾

Mousavinejad M, Mozafari J, Ilkhchi RB, Hanafi MG, Ebrahimi P. Intravenous Tranexamic Acid for Brain Contusion with Intraparenchymal Hemorrhage: Randomized, Double-blind, Placebo-controlled Trial. Rev Recent Clin Trials. 2019 Nov 17. doi: 10.2174/1574887114666191118111826. [Epub ahead of print] PubMed PMID: 31744452.

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