

Traumatic basal ganglia hematoma

Traumatic basal ganglia hematomas (TBGHs) are uncommon events in patients with closed head injuries. The overall prognosis is poor, particularly when large hematoma exists.

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A study was designed to compare surgical evacuation through [transsylvian approach-transinsular approach](#) with conservative management in large TBGHs.

Thirty-two patients, admitted between July 2002 and July 2013, with closed head injury and TBGH more than 25 ml were included in this study. Among these patients, sixteen were conservatively managed whereas another sixteen patients underwent hematoma evacuation via transsylvian-transinsular approach. The modified Rankin scale was used to assess the functional outcomes of patients for at least 6 months after treatment.

There were no significant differences between two groups with respect to age (21.0 v 18.9 years, $p=0.635$), sex ($p=0.220$), and admission GCS score (7.5 v 6.5, $p=0.234$). The patients treated with surgical approach revealed a better functional outcome compared to the conservative group (68.8% v 31.3%, $p=0.043$). The mean of late TBGH volume in the conservative group was less than surgical group (33.9 ml v 40.0 ml, $p=0.047$). The mortality rates were not significantly different between the surgical and conservative groups (18.8% v 37.5%, $p=1.000$).

This study suggests that hematoma evacuation through a transsylvian- transinsular approach improves the functional outcome in patients with TBGH ¹⁾.

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Baharvahdat H, Ganjifar B, Etemadrezaie H, Gorji A. Large traumatic basal ganglia hematoma: surgical treatment versus conservative management. J Neurosurg Sci. 2016 Nov 17. [Epub ahead of print] PubMed PMID: 27854112.

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