

Unilateral frontal traumatic intracerebral hemorrhage

Outcome differences between bilateral and unilateral frontal ICH are not well studied but would be valuable to predict prognosis in clinical practice.

Hung et al. compare the risk of developing delayed ICH after bilateral or unilateral frontal ICH, and second to determine the variables helpful to predicting outcome according to the [Glasgow Outcome Scale](#) (GOS). Between January 1993 and December 1997, 694 consecutive patients with traumatic ICH were admitted to the Chang Gung Medical Center within 24 h of the trauma. Patients with ICH in sites other than the frontal lobes were excluded. A total of 161 cases (mean age 46.3+/-20.3 years), including 57 bilateral (mean age 52.5+/-18.7 years) and 104 unilateral (mean age 42.9+/-20.5 years) traumatic frontal ICH were studied.

Twenty-eight of 57 patients (49%) with bifrontal ICH versus 17 of 104 patients (16%) with unilateral frontal ICH had a further, delayed ICH. In 42 of 45 patients (93%) with delayed ICH, this occurred within 5 days of the initial trauma. Multivariate logistic regression was used to select significant predictors of outcome. They found that delayed ICH ($p<0.001$), age ($p=0.004$) and mechanism of injury ($p=0.001$) explained the worse outcome in patients with bifrontal ICH. The best-fitting logistic regression model included three variables: delayed ICH ($p=0.011$), initial GCS ($p=0.023$), and a sum score of clinical and radiological variables ($p=0.003$). Bifrontal ICH tended to occur in older patients after a fall and was associated with a higher risk of developing delayed ICH or brain stem compression compared to unilateral ICH damage. Using these three variables - delayed ICH, initial GCS, and the sum score - in a logistical regression model is useful to predict outcome in patients with traumatic frontal ICH and may aid patient management ¹⁾.

¹⁾

Hung KS, Liang CL, Wang CH, Chang HW, Park N, Juo SH. Outcome after traumatic frontal intracerebral haemorrhage: a comparison of unilateral and bilateral haematomas. J Clin Neurosci. 2004 Nov;11(8):849-53. PubMed PMID: 15519861.

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