Retrospective Analysis Regarding Moderate Head Injury and Mild Head Injury

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Head injuries (HI) represent a major cause of morbidity and mortality worldwide. In Romania, trauma is the 4th cause of death and has a growing incidence explained by infrastructure and transport development, by increasing the number of vehicles, as well as that of physical aggressions. HI consequences are often disabling, with deficiencies in socio-profesional reintegration of patients and high economic costs. The objectives were to demonstrate the necessity of guidelines in Mild and Moderate Head Injury management. The study group included 91 patients with age between 8 and 92 years old (mean age is 52 years old), hospitalized in the Neurosurgery Clinic Hospital Prof.Dr.N Oblu, Iassy, between January 2005 -December 2009. Patients were clinically evaluated both at admission and discharge (Glasgow Coma Score and Glasgow Outcome Score), also by CT scan and we analized HI etiology, current symptoms (headache, intracranial hypertension, consciousness deterioration, neurological focal signs) and hospitalization length. Patients who had other organs and systems involvement were excluded, as well as those who had pre-existing comorbidities. All the 91 patients were evaluated Glasgow Coma Score at admission, 32 were Mild HI (35.16% of HI) and 59 were Moderate HI (64.84% of HI). At discharge it was found that a number of Minor HI presented GOS = 1 (12 patients, 37.5% of Minor HI), GOS = 2 (13 patients, 40.63%), GOS = 3 (5 patients) GOS = 4 (2 patients) and a number of Moderate HI had GOS = 1 (9 patients), GOS = 2 (27 patients, 45.76% of Moderate HI), GOS = 3 (21 patients, 35.59 %), GOS = 5 (2 patients). The average duration of hospitalization was 14,15 days for Mild HI and 15,42 days for Moderate HI. We found out that a number of 20 Moderate HI got worsen. Were recorded 2 deaths (Moderate HI). Based on the final results we found that Mild HI evolution is influenced by the precocity of diagnosis, elimination of needless time for diagnosis and establishment of adequate treatment. This management can be established by appropriate guidelines that can be adapted to the real possibilities of each region apart.

Study Review: Tako Tsubo Syndrome

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Tako-Tsubo cardiomyopathy is characterised by an atypical distribution of left ventricular (LV) dysynergy with apical ballooning and compensatory basal hyperkinesis. Coronary angiography is normal. Several substrates have been put forward to explain the underlying pathophysiology such as raised catecholamine levels (due to physical or emotional stress), multivessel epicardial coronary spasm or diffuse microvascular spasm. However, the pathophysiology has not yet been fully clarified. We present a series of cases whose findings could explain the mechanism underlying this syndrome. Four consecutives patients, all female, were admitted with the clinical features typical of Tako-Tsubo syndrome. In all, severe widespread transient LV mid-apical a/dyskinesia was associated with a mid-cavity dynamic obstruction which resolved prior to the resolution of the LV wall motion abnormalities. In all cases the dynamic LV obstruction was related to localise mid-ventricular septal thickening. After improvement in wall motion, a low-dose strain/strain rate dobutamine stress-echocardiography (DSE) was performed to determine the underlying ischaemic substrate. This