MAEER'S VishwaRaj HOSPITAL

NABH

Case of Traumatic Brain injury with Pneumothorax treated Successfully

Treating Consultant

Dr. Siraj Basade

MBBS, MS, DNB

HOD - Neurosurgery Department

Case Scenario -

- 21 yrs male ; No Co-Morbidities
- Admitted with A/H/O- Assault by blunt object (Iron Rod) on head, chest and abdomen followed by unconsciousness and CLW over right front-temporal region (Approx.8x2x1 cm), CLW over left eyebrow laterally (Approx. 1x1x0.5 cm) CLW over mid forehead (Approx. 0.5x0.5x0.5 cm) and abrasions over chest and abdomen.
- Patient was taken to Peripheral Nursing home wherein patient was treated primarily and CLW suturing was done. Patient required Endotracheal intubation i/v/o low GCS and shifted to VishwaRaj Hospital for further tertiary care management.

Management in Emergency Department -

- After initial assessment, rapid trauma survey done by Emergency physician and Trauma team he was resuscitated with fluids. After primary stabilisation in ER patient underwent multiple CT scan and Relevant lab investigations were done

Management in ICU Department -

- On admission in ICU reassessment of patient done by on duty Intensivist, and taken on mechanical ventilator support.
- CT Brain S/O: Mass effect is seen in a form of effacement of the lateral ventricles and midline shift towards left side for a distance of 4.8 cm, acute subdural haematoma of width 4 mm in right fronto-parietal region ,haemorrhagic contusion with surrounding oedema seen in the right fronto-pariteal and in bilateral frontal lobe region ,largest measures 4 x 3cm. comminuted depressed fracture of the right fronto-parietal bone, comminuted displaced fracture of the wall of fronto-ethmoid sinus, comminuted displaced fracture of roof, medial and anterior wall of right orbit fracture of nasal bone noted.
- HRCT S/O: Aspiration Pneumonitis.
- CT Abdomen Pelvis - Normal study
- Patient has raised intracranial pressure , so immediately started on Antiepilpitics, inj. Mannitol, 3%NS, Sedation and Ventilatory Support.
- Central Venous Catheter was inserted, and fluid resuscitation continued in ICU
- Patient underwent Right FTP Craniectomy with evacuation of fracture fragment with evacuation of SDH in view of raised intracranial pressure by Dr Siraj Basade (Neurosurgeon).

Management in ICU Department -

- Patient developed hypoxia on ABG on Day 6, hence chest x ray done S/O Right side Pneumothorax so Right ICD insertion was done immediately by Chest Physician.
- Patient was given weaning trial from ventilator but as patient was agitated weaning trial failed.
- I/V/O difficult weaning underwent Surgical Tracheostomy on Day 10.
- Aggressive Chest Physio started
- Patient's neurological status gradually improved, and patient became conscious, obeys verbal commands and moving all four limbs.
- Patient oxygenation improved; Right side ICD was removed.
- Neuro Rehabilitation was continued.
- Patient was decannulated and shifted to wards on Day 20
- Cont Physio and from where patient was discharged to home successfully

TEAM NEUROSURGERY

Dr Siraj Basade
MBBS, DNB, DNB
Head - Department of Neurosurgery

Dr Anand Katkar
MBBS, MS, DNB
Sr. Consultant - Department of Neurosurgery

Dr Nikhil Talathi
MBBS, MS, MCh
Sr. Consultant - Department of Neurosurgery

TEAM INTENSIVE CARE UNIT (ICU)

Dr Kapil Borawake
Director ICU & Critical Care

Dr Vijay Khandale
HOD Intensive Care Unit

Dr Sanesh Garde
Consultant ICU

Dr Satish Sarode
Consultant ICU

Dr Sangram Ghatge
Consultant ICU

Dr Debashish Banerjee
Consultant ICU

Dr Sarita Bharadwaj
Consultant ICU

9,00,000+ Lives Touched	**22,000+** Admitted Pts.	**12,000+** Surgeries
300 Bedded Hospital	**400** Employees	**150+** Specialist Drs.