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Complex HCP as sequela of severe TBI case presentation

Female child 6ys old presented at ER, after RTA 6months ago. GCS 7/15, post traumatic epilepsy initial CT; brain edema. She suffering chest problems when she off MV and chest improved, CT brain; show HCP with Rt frontal hygroma, neurologically she has repeated fits and GCS 10/15, conservative treatment. Not controlled follow up CT; disappeared hygroma and increased HCP. VP shunt inserted followed by immediate improvement. After discharge she get infection, readmitted managed conservatively, ever subside but conscious level not improved and fits not controlled, she developed distal shunt failure and CSF peritoneal pseudocyst. Distal revision was done followed by short period of improvement, then distal shunt failure and reformation of CSF peritoneal pseudocyst occurred. Lastly VA shunt was done followed by stabilization of the

case improved conscious level and controlled fits and return normal activity.

Speaker Biography

Ramadan Galal Kamal Shamseldien, Neurosurgery MD. Lecturer of neurosurgery, Shebin Elkom Teaching Hospital, Egypt. He is a member of Egyptian Society of Neurological Surgeons (ESNS), Egyptian Spine Association (ESA), and Middle East Spine Society (MESS). He was born on 1977 in Egypt. He was graduated from Faculty of Medicine, Alazhar University in 2001. He underwent neurosurgery residency training in Mansoura international Hospital. He has completed his MD neurosurgery at Alazhar University, Egypt in 2013. He is well trained to perform all the standard brain, spinal, and peripheral nerve surgeries with special interest in pediatric surgery and spinal fixation. He published numerous national and international papers concerning Metastatic brain tumors, Endoscopic suturotomy, Posterior craniocervical fixation, Spontaneous ICH (STICH II study), and Grading system for cranial suture closure.

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