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Mohamed Adel Deniwar

Mansoura university hospitals-Egypt

Cranial trauma associated cerebrovascular lesions: A review and case report

Traumatic cerebrovascular injury (TCVI) can occur secondary to blunt or penetrating cranial trauma. Blunt TCVI is uncommon, only (1%), yet it may cause severe brain insult with high morbidity and mortality.

Immediate TCVI in the form of intracranial hemorrhage or subgaleal hematoma can be diagnosed on a primary head CAT scan. 70% of subarachnoid hemorrhage (SAH) follows cranial trauma. Intracerebral hematoma secondary to direct brain contusion or cerebral vessel injury is a devastating common TCVI.

Delayed cerebrovascular lesions secondary to cranial trauma hadbeendocumented.Skullbasefractureassociatedtraumatic aneurysms (TA) and Dural carotid cavernous fistulas (DCCF) are prime examples. Advanced investigations as CT angiogram (CTA), magnetic resonance angiogram (MRA) and digital subtraction angiogram are sought to help in proper diagnosis. We document two cases of cerebrovascular lesions following cranial trauma: the first case is a direct DCCF in 7 years old girl following motor vehicle accident and the second case is a scalp arteriovenous malformation (AVM) in 14 years old boy after direct head injury. Our aim is to scope out the management pitfalls and the prognosis.

Cerebrovascular lesions following cranial trauma should be anticipated, especially in severe head injuries. Proper line of management should be chosen and started at the suitable timing for good outcome. Many lines of treatment from surgical clipping, trapping, etc. up to endovascular embolization can achieve this.

Key words: Cranial trauma, cerebrovascular lesions, Dural carotid cavernous fistulas, and Scalp arteriovenous malformation.

Speaker Biography

Mohamed Adel Deniwar works as a lecturer of neurosurgery at Mansoura University Hospitals in Egypt

e: mohammeddenewer@gmail.com

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