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Gunshot wound to the head surgery

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Gunshot Wound Head Trauma | The American Association of Neurological Surgeons for more than two decades has increased the incidence of head injuries caused by gunshot wounds. Gunshot wounds to the head have become a major cause of head trauma (TBI) in many urban areas of the United States, partly due to an increase in gang violence and overall homicides. Other cases relate to suicide and unintentional accidents. Suicide-related gunshot wounds to the head are associated with very high mortality and severe disability in the few who survive. There is a greater chance of death and poorer outcome for victims of TBIs caused by self-inflicted gunshot wounds compared to victims with injured bullet wounds that are accidental or delivered in an attack. According to the Centers for Disease Control and Prevention (CDC), in 2010, firearms were used almost the percentage of suicide deaths of people under the age of 25. In addition, in 2012, firearms were found to be more than 100,000. A wound where the projectile penetrates the skull but does not exit is called a penetrating wound. Injuries in which the projectile completely passes through the head, leaving both in-house and exit wounds, are called perforating wounds. As noted below, several factors determine the extent of the damage caused by the gunshot wound. These include the caliber of the weapon, the size and speed of the bullet, the trajectory and site damage. A bullet wound going through the right front lobe at the tip of the forehead and well above the base of the skull is likely to cause relatively slight clinical damage as it passes through vital brain tissue or blood vessel structures. A similar bullet that runs down from the top left is likely to be devastating because it passes through eloquent brain tissue and can damage important vascular structures in the head (see Figure 1). Twelve percent of all TBS are attributed to firearms; people aged 25-34, firearms are the leading cause of TBI Gunshot wound head trauma, is the cause of an estimated 35 percent of all deaths attributed to TBI Gunshot wound head trauma is fatal about 90 percent of the time, many victims die before the arrival of hospital victims who survive initial trauma, about 50 percent die in the trauma room About 50 percent of surviving patients suffering seizures and requiring antiepileptic medication gunshots wound trauma have been aggressively resuscitated when they first arrive at the hospital. If blood pressure and oxygenation can be maintained, a rapid blood clot is achieved in the brain. The decision to continue surgical treatment of a gunshot wound based on these factors: If patients are deeply comatose with minimal evidence of brain stem function and there is no evidence of intracranial hematoma that can lead to coma, fatality is almost certain. If the hematoma confirms a CT scan, an emergency craniotomy for clot evacuation, removal of debris and devitalized tissue can be done. It is common for pressure to accumulate in the skull, so a craniotomy (a procedure in which a large part of the skull is temporarily removed to reduce pressure inside the skull) is also often performed. Understanding the trajectory of the bullet path is important to determine the prognosis. The brain is divided into two hemispheres, consisting of four lobes, each of which offers different functions. In addition, there are deeper parts of the brain that house many connections, controlling the main body and brain functions. Motor coordination is associated with motor coordination in the lower part of the cerebellum brain. The Commission has connects the upper part, or thinking part of the brain, spinal cord. The result is poorer for those with extensive bullet paths, those that cross the deep centerline structures of the brain or those that involve the brain stem. The bullet, which damages the patient's right hemisphere, can leave the victim with motor and sensory impairment on the left and vice versa. Many other features such as cognition, memory, speech and vision are controlled on both sides of the brain. As a result, damage to one hemisphere can leave a person damaged, but it can still perform these functions at some level, depending on which parts of the brain are damaged. Since each hemisphere is divided into four lobes, the best-case scenario is more superficial damage limited to one hemisphere and one lobe, limiting the functional damage caused by trauma. The first week or two after the trauma is a acute and critical stage of care. After that, the extent and speed of recovery depends on how much tissue was damaged, when large swelling, pressure on the head in the acute stage and functional consequences of injury. Intensive rehabilitation may be necessary to help survivors regain some of their functions or adapt to a permanent state of life. Neurological improvement is measured over several months or even years. The main cause of death at the scene is usually blood loss - when the bullet damages the main blood vessels and does not have enough time to stop the bleeding, the victim bleeds to death or forms a rapidly expanding blood clot that critically compresses important brain tissue. If the victim survives the initial blood loss, the problem becomes increased intracranial pressure. When the ball itself goes through the brain, there is damage to both direct penetration of the brain and transmission of a pressure wave from a high speed (over 2,000 feet/second) projectile moving through brain tissue. Both bleeding and damage to this pressure wave cause swelling of the brain, which can also lead to death (see Figure 1, CAT scans with typical fatal head gunshot wounds) Bullet entry and/or exit site areas of the brain damaged by trauma Extent fragmentation of bullet caliber caliber ball and type of weapon (high speed - military assault rifles and hunting rifles [bullet speed over 2000 feet / second]; low speed - hand arms [bullet speed below 2,000 feet / second]) Distance from the bullet wound (distance between weapon and victim) Timeliness receive proper treatment Victim age and general health Initial GCS score reactivity and expansion of state students Status brain stem reflexes Blood pressure oxygenation state immediately after damage Entrance To Glasgow Coma Score (GCS), trajectory of rocket runway, basal light finding and permeability Cerebrospinal fluids (CSF rinsing boxes) were important factors in the results of civilian and military gunshot wounds to the head. Figure 1. Illustration – good CAT scans showing various lethal bullets from the military. Authors – Ecker, R. et al.eMedicine, Traumatic Brain Injury (TBI) - Definition, Epidemiology, Pathophysiology, 2009. and Penetrating Head Trauma, 2009. New York-Presbyterian Hospital, Skull Gunshot Wounds University of California, Los Angeles Neurosurgery, Cranial Gun Shot Wounds Medscape: Medical Author: Benjamin C. Vedro, MD, FACEP, FAAEM Medical Editor: Melissa Conrad Stöppler, MD Journal of Neurosurgery May 2014 / Vol. 120 / No. 5 / Pages 1138-1146 Predictors result in civilian gunshot wounds that head Clinical article: Bizhan Aarabi, M.D., F.R.C.S.C., et al Journal of Neurosurgery July 2011 / Vol. 115 / No. 1 / Pages 124-129 Results for 33 patients from the wars in Iraq and Afghanistan undergoing a bilateral or bilateral craniectomy: Robert D. Ecker, MD, LCDR, USN, et. Al.1 AANS does not support the treatments, procedures, products or doctors referred to in these patient factsheets. 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