PROSPECTIVE STUDY 24 YY. CONSERVATIVE TREATMENT OF SKULL BASE TRAUMA

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ABSTRACT:
We have 24y (1992-2016) experiences with open skull base fracture and prospective study of skull base trauma. Our surgery group have more than 365 patients: the anterior skull base, middle, posterior open traumas. During anterior skull base reconstruction we protected the olfactory structures in 91%. Mortality in our series is 1.7%, morbidity posttraumatic 17%, postoperative 0.6%. Follow up this is 24 years.

Concurrently with timing surgery study of open skull base fracture we have constituted group non surgery treatment open skull base fracture. Our study group have together 116 cases, which come into being first 5 years (20, 21, 32, 11, 16). We have follow up of the group 20 years. We were all eyes on complications, which developing during 15-24 years under different diagnoses: meningitis, meningoencephalis, abscessus cerebri, liquorhoea, pneumocephalus, "polyps of paranasal sinuses", "polyps of middle ear", "cholesteatoma of middle ear".

We need to do exchanges conservative treatment to surgery treatment in 58.6% during 24y, under different diagnosis.

The skull base trauma is very important trauma with big consequence for health of patients. Keywords: extradural non - surgery - open skull base trauma - timing.

INTRODUCTION:
We have 24y (1992-2016) experiences with open skull base fracture and prospective study of skull base trauma. Our surgery group have more than 365 patients: the anterior skull base, middle, posterior open traumas. During anterior skull base reconstruction we protected the olfactory structures in 91%. Mortality in our series is 1.7%, morbidity posttraumatic 17%, postoperative 0.6%. Follow up this is 24 years.

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METHODS AND RESULTS:
The criteria – our characteristics of choices to the non - surgery group:

- intradural pneumocephalus;
- intradural pneumocephalus and liquorhoea, which stop during 24-48 hours;
- only liquorhoea, which stop during 24-48 hours,
- in surgery group was studio’s IP trend during 14 days. This group is 113 patients.

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The first group have maximum between half and 1 year after trauma after diagnosis (15.5%), the second group between 5-10 y. (22.3%), the third group between 11-18y (13.9%) and forth group 18-24y (9.4%).

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CONCLUSION:
The skull base trauma is very important trauma with big consequence for health of patients. Concurrently with timing surgery study of open skull base fracture we have constituted group non surgery treatment open skull base fracture. Our study group have together 116 cases, which come into being first 5 years (20, 21, 32, 11, 16). We have follow up of the group 24 years. We were all eyes on complications, which developing during 15-24 years under different diagnoses: meningitis, meningoencephalis, abscessus cerebri, liquorhoea, pneumocephalus (see Diagram 4), Pott’s tumor, mucocoele, meningoencephalocoele, "polyps of paranasal sinuses", "polyps of middle ear", "cholesteatoma of middle ear" (see Diagram 4, 2, 3) and the correlation with the developing of IP during the first 14 days (see Diagram 4).

The complications in skull base trauma’s the time surgery or non-surgery management is about time, acute or delay surgery time is age. The problem for diagnosis and delay complication is the brain movement in intracranial space. The pulsing movement of brain, intracranial pressure and 4 movement into skull are very important condition one non for healing of dura mater and for delay problem after open skull base trauma.

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