79. Case Report of Past Head Injury Syndrome due to Inadequate Treatment and Misdiagnosed at Acute Stage

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Recently treatment for acute head injury has been popularized. However, there are still many incidents that physicians do not recognize the fear of intracranial hematoma and to leave the patient alone. On the contrary to this, there seems to some physicians who are looking forward to only intracranial hematoma, and they think it is an indication for craniotomy when the patient has hemiplegia, also if the patient show no sign of hemiplegia or hemianesthesia they simply tend to treat the patient as if they have recovered.

We report our interesting cases who were treated inadequately and were misdiagnosed at early stage of head injury, and later they developed hemiplegia, epilepsy, chracter change and recurrent meningitis.

We have learned that as long as someone takes care of head injury patients, it requires the minimum knowledge of neurology and it is necessary to recheck the indication of craniotomy before it proceeds.

80. The Correlation of the Electroencephalogram and Audiogram in Cases of So-called Post-traumatic Encephalopathy (2nd Report)

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In this series, on comparing EEG findings with audiograms of our patients with post-traumatic encephalopathy, we strictly excepted those who had the transmission disorders, professional deafness and senile deafness. All these patients

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EEG No. 80
164

Age 25 ♀

Date Apr. 4 1962
Jul. 12

Fig. 1. This audiogram indicates the impairment of the retrocochlear auditory pathway of the both ears, and these findings may represent the brain-stem lesion.

were over 19 years of age, and over two months after head injuries. Then we had 190 cases out of about 560 patients.

The traumatic hearing loss were classified to the cochlear and retrocochlear disorder. One case of the typical slight retrocochlear disorder are presented in Fig. 1. All our cases are summarized in Table 1 and the correlation of these EEG and audiograms are presented in Table 2.

Thus EEG changes are well correlated with audiograms in late post-traumatic disorders after the head injuries, and so we believe that the both findings may represent the injured status of the central nervous system.

Table 1. Summary of 190 cases

Audiogram \ EEG	EEG			
	normal	borderline	abnormal	
normal	8	0	0	8 I
	16	3	3	22 II
	4	6	1	11 III
	28	9	4	41
cochlear disorder	4	6	0	10 I
	2	17	1	20 II
	1	11	2	14 III
	7	34	3	44
retrocochlear disorder	1	6	2	9 I
	4	17	6	27 II
	4	14	8	26 III
	9	37	16	62
coexistence of the both types	0	5	3	8 I
	2	16	3	21 II
	1	9	4	14 III
	3	30	10	43
total	47	110	33	190

I no disturbance of consciousness

II PTA < 12 hours

III PTA $\geq$ 12 hours

Table 2. Correlation of EEG and audiogram findings

		EEG		
		normal	abnormal	
Audiogram	normal	a 28	b 13	a+b 41
	abnormal	c 19	d 130	c+d 149
		a+c 47	b+d 143	n 190

Coefficient of Correlation

$$r = \frac{ad - bc}{\sqrt{(a+b)(c+d)(a+c)(b+d)}} = +0.52$$

$$m_r = \frac{1 - r^2}{\sqrt{n}} = 0.052$$