68. Depressed Fracture : Treatment Using Resin-Plate and Tetron-Mesh for Dural Defect

Yoshikazu SAITO

2nd Dept. of Surgery, Tottori University School of Medicine

33 cases of depressed fracture were treated by cranioplasty with Resin Plate and 2 of them with Tetron-Mesh for dural defect.

The result of the operation was very excellent but there are 2 or 3 problems to be solved.

1. How many months are necessary for the procedure after inflammation? From the result of the present study it was concluded that 2 months were necessary for successful procedure after the diminution of inflammatory signs.

2. Partial using of Resin-Plate.

In some cases Resin-Plate occupied only the central part of the bony flap where the fractures were comminuted. And it was not necessary to replace all the bony flap with Resin-Plate.

3. Frontal sinus fracture

When the depressed fracture was sitting upon the frontal sinus, it was successful to replace the sinus with hemi-solid resin after removal of frontal sinus mucous membrane.

4. A excessively large Resin-Plate occupying almost one third of the hemi-cranium was applied in a child of 9 years old. The result of her follow up for five years revealed that the Resin-Plate was well adapted and nothing of abnormal neurological signs was found.

5. Tetron-Mesh.

For dural defect the use of Tetron-Mesh was very valuable. For about two weeks leakage of liquor was observed but thereafter it diminished rapidly.

The same result was obtained from the experimental examination.

69. Reinvestigation for the Treatment of the Acute Head Injuries

SUMITAKA TOKITO, KATSUAKI KISHIDA,
YOSHIHIDE HASEGAWA and YUJI NISHI

1st Surgical Department, Kumamoto University School of Medicine

During past several years, 93 cases of acute severe head injuries were treated in our clinic, and their clinical findings and cerebral angiograms were

reinvestigated.

Among 93 cases, intracranial hematomas were discovered bilaterally in 11 patients.

In 7 cases with bilaterally hematoma, an epidural hematoma was found on the side the trauma was given and a subdural hematoma on the other side of the head.

Usually, in these cases the cerebral angiogram not indicated the typical avascular area, therefore, precise and frequent examinations of the clinical signs and further, in some cases a diagnostic burr hole were necessary for early discovery of the hematoma.

We consider from the changes of the basal venous in phlebogram that for prevention of the transtentorial herniation of the brain stem due to brain edema, the subtemporal decompression is very effective and improves the therapeutic results.

70. Present Outline of Treatments for Head Injury in Our Hospital

*Shojiro IZUMI, **Naohiko TOKITA, **Hiroyoshi SATO, **Teruhiko TANAKA,
Kazuo SUGAWARA, ***Noriko FUJIMORI and *Kiichi KAISHIO

Medical Director; **Dept. of Surgery; *Dept. of Neurology; ****Dept. of Anesthesiology.
Yuri Kumiai General Hospital, Akita*

During the Last decade, 297 cases with head injury were admitted to this hospital and the incidents have been on rapid increase these days. The outline of our activities to the patients is presented relating to 1) annual epochs, 2) age, 3) sex, 4) cause, 5) disease classification, 6) therapy, and 7) sequela. Craniotomy was performed in 17 cases: skull fracture 4, acute epidural hematoma 3, acute subdural hematoma 2, chronic subdural hematoma 2, open cerebral contusion 1, cerebral edema 1, and Complicated intracranial hematoma or bleeding 4. All cases except the last 4 cases made recovery or palliation. In the remaining cases, 11 patients encountered death. Acute intracranial hematoma appeared to cause 2 deaths of them in an unexperienced era.