Management of Traumatic Brain Injury in a Resource Restricted Centre: A Case Report

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INTRODUCTION

Traumatic brain injury contributes significantly to mortality and morbidity in trauma patients. In Low and Middle Income Countries (LMICs) access to safe emergency and essential surgical care and anaesthesia is still a challenge.

CASE REPORT

A 42-year-old man presented to a General Hospital with an 11 days history of headache, aphasia and right sided hemiparesis which started 2 days post interpersonal violence. He was subsequently referred to Kitwe Teaching Hospital. His Glasgow Coma Scale on presentation was 11/15 which improved to 15/15 prior to surgical intervention however, he remained with reduced power on the right side. Examination of other systems was unremarkable, and patient was hemodynamically

stable. A magnetic resonance imaging scan revealed a left occipital epidural haematoma with cerebral edema and midline shift to the right but no skull fractures. He was taken to theater for craniectomy and a large epidural haematoma was evacuated. A drain was left in situ and patient was taken to the intensive care unit (ICU). On day 1 post craniectomy, power on both the right upper and lower limb was 1/5. By day 2, it was 5/5 and patient was discharged from ICU to the General Surgical Ward where he had an uneventful recovery.

CONCLUSION

Traumatic brain injury is still be managed by General Surgeons in most LMICs. It is therefore important to ensure that Surgical training in these settings include all bellwether procedure and basic neurosurgical procedures in order to improve access to safe emergency and essential surgical care.